Kansas Medical Journal.

PUBLISHED MONTHLY.

VOL. II. TOPEKA, KANSAS, MAY, 1890. NO. 5.

Does the Practice of Medicine Pay?

Read before the Republican Valley District Medical Society, held at Concordia, Kansas, April 3, 1890.

BY J. H. BRIERLY, M. D., OF GLASCO, KANSAS.

Does the practice of medicine pay? First, in a financial sense. If money is not the chief object in the practice of medicine, it is at least the first object to the man who has not inherited the means of support, since our physical wants are instant and continuous, and money is the means of gratifying them.

Have we, as physicians, reasons financial for congratulating ourselves on the choice of an occupation; or is it for a cause that we sometimes smother a half regret that in our college days, when we were nicely balancing the question this way and that, the scales did not turn in favor of the law or the ministry?

Has the doctor reasons to envy his neighbor, the merchant, the banker, or the manufacturer?

I do not inquire whether the physician, in the legitimate pursuit of his calling, can amass great wealth. Happily for the progress of the science of medicine he can not. He may suffer from nervous headache as the result of overwork, as Gould from the care of his millions is said to suffer. Like Vanderbilt, worn out in hurrying hither and thither he may sink exhausted in his carriage no longer able to walk, but his headache and his exhaustion will be in the interest of his patients, not of his investments, and his recompense will be so much smaller than theirs that the care of it need never engross his time nor his energies. A man does not enter the medical profession in the hope of thereby accumulating a fortune. But can the physician, in the pursuit of his practice acquire a certain competency, which it is the duty of everyone to strive after, but which so many never secure; or is it necessary for him to choose a business by which he may hope to make a living while he engages in the practice of medicine as a diversion?

We are met at the outset by the difficulty of determining what is a competency. No definite amount can be named. So steadily do our real or fancied wants grow with the growth of fortune, that a competency has been wittily defined as being something a year more than we possess. There must be a different standard for different conditions. No class of people can justly fix the standard for another class. No individual can fix it for another of the same class. Occupation, locality, individual ingenuity in devising means to ends, social rank, personal tastes, all have their influence in determining what shall constitute a competency for any man or class of men.

Aside from the main question of bread and butter, or perhaps more strictly, of plain unbuttered bread, common to the race, every occupation or situation in life involves expenses more or less peculiar to itself. The city practitioner, with his high priced office, his more exacting class of patients, the social pomp and circumstances more or less incident to city life; and, it may be added, the luxuries which constantly at hand come to be regarded as necessaries, has to respond to demands from which his brother in the country is in part free. On the other hand, the country physician, with his long drives in inclement weather, and their attendant disaster to clothing and equipage, together with the tendency of the rural inhabitant to render an equivalent for service in any other form rather than money, encounters financial problems differ-

ent from those of his city brother, but perhaps quite as difficult to solve.

A competency in either of these situations must mean an income sufficient for the comfortable maintenance of himself and family, for furnishing him with whatever equipments are necessary for the successful prosecution of his work, and which will have at the end of each year something to invest for the future.

The practice of medicine does not pay in the case of the man who is forced to exhaust his best energies in the study and practice of domestic economy, who is constantly harrassed by the question of how to make one dollar do the work of two, who is unable to provide himself with necessary books, instruments and apparatus, or who must exhaust his resources to obtain them.

The time of life when a man is too young to practice medicine, so nearly meets the time when he is too old to practice, that with high noon of his work it is imperative for his income to be something more than sufficient for the passing day, that his mind be not burdened with anxieties for the future. Not only are books and instruments a constant source of expense to the progressive physician, but those remote from large cities even, feel that an occasional term of lectures or hospital clinics, would be of great aid in enabling them to keep abreast with the progress of the profession. The skill and experience already acquired at the bedside supplementing such advantages, would make them doubly valuable.

Personal contact with those familiar with the use of the latest appliances in the healing art, would tend to revive, in a measure, the faith and enthusiasm of youth, and would aid in keeping the country physician out of the rut in which, from his isolated situation, he tends to travel. You will know, each for yourself, whether those of you who have felt the desire for such advantages could, out of the proceeds of your practice, have obtained them either in our own country or abroad.

It is estimated that the medical colleges of the United States turn out doctors at the rate of two thousand a year, and that there is on an average, counting both regulars and irregulars, one doctor for every six hundred people; also, that a moderately successful practitioner has about two thousand people who depend upon him for medical advice. Thus in medicine, as in most other business, the supply is in excess of the demand, and in the sharp competition thus engendered some must go to the wall. The rule of the survival of the fittest, obtains here as in all other callings of life. Professional knowledge and skill, however indispensible, are not alone sufficient to win success.

It is hard to understand why people of ordinary, or even of extraordinary intelligence in the main, often show such strange want of discernment when in need of medical aid. The man who will choose the most successful lawyer to conduct his case, who can tell you just where the best bargains are to be had, who buys and who sells at the right time, who judges rightly the merits of a sermon or the literary value of a book, will often pass by the best equipped physician, and with a surprising credulity will try the merits of some much-vaunted nostrum, or seek the advice of some charlatan celebrated for not what he has accomplished, but what he has the assurance to promise and the presumption to attempt. Scientific proficiency in medicine, to attain commercial value, must be supplemented by the same business sagacity, the same fundamental principles of success which gain ascendancy in other callings. If there are four doctors where only one is needed, the two who are most generously endowed with the genius for success will divide the field between them. The other two will be driven to seek some other means of support, even if they retain their title of doctor.

But medicine is not the only field in which competition is of the kind that kills. Many as are the failures in medicine, statistics show a still larger per cent. of failures in law. A little observation in any community shows, that with a few exceptions, the leading physicians are better off in the goods of this world than the leading ministers, while so low is the per cent. of success in commercial life, that it has been sweepingly asserted that all fail, and that only they are the lucky ones who fail early enough in life to make a second trial.

It must be remembered that it is not so

much the amount of a man's income, as his method of expenditure, that is the keynote of his financial standing. If he earns five thousand a year and spends five thousand one hundred, he is in perpetual insolvency. If he earn five hundred a year and live so as to save one hundred, in thirty years he will be rich to the extent of three thousand dollars, a larger sum than most men succeed in accumulating. A physician having a moderate practice earns something between these two sums. He will be prosperous or poor according as he manages his earnings. If he possess this economic talent which has been characterized as the ability to pitch the scale of living one degree below the means, and especially if in addition to this he possess a talent for investment, he has no reason to look forward to an old age of poverty. He can at least take rank financially among the comfortable middle class, who are neither burdened with the care of great wealth nor oppressed by want.

Though money is the first, it is not, as has been said, the chief object in the choice of medicine as a profession. Right minded men who seek wealth desire it not as an end, but as a means, for the comforts it will buy, for the social power it will procure, for the weight it will give to opinion expressed, for the very right it gives to express opinion. Who will deny that wit seems more witty, pathos more pathetic, eloquence more eloquent, and learning more profound, "when backed by ten thousand a year?" But also, who will deny that wit, and pathos, and eloquence, and learning, do of themselves give distinction to their possessor independent of a bank account? A certain intellectual rank and dignity is everywhere accorded to those persons whose occupations presuppose more than the average amount of learning, which have a value of their own, a value quite distinct from wealth, and of a higher order. Money is exterior to the individual, and represents what he can buy. Learning is inherent, inseparable from the personality of the possessor. Money may be inherited, without any capacity for acquiring on the part of its owner. Learning must be acquired, and represents in a measure the capacity of its possessor. The owner of great wealth can, by his wealth, achieve that fame which will endear him to his fellows only by a wise and liberal use of it for the benefit of men. But the dispenser of great charities, much as he is praised and deserves to be praised, is not the only class of benefactors whom the world delights to honor. He who makes valuable discoveries, or "sets one truth afloat, serves his generation."

Was Galen rich? No one thinks of inquiring. What we know of him is that he thought to so much better purpose than others that his views reigned almost supreme throughout the medical world for nearly thirteen centuries.

Was Bœrhaave rich? He may have been. What history has considered worthy of handing down to us is, that his fame as a physician extended to every part of the civilized world, and that from every country of Europe patients came to consult him.

Darwin is said to have been in easy circumstances, and this is mentioned by his biographers not as being of any importance in itself, but because he was thus able to devote his whole time to science. What men will delight to remember of him will be, that the most rational theory of the origin of man ever promulgated bears his name as its progenitor. Thus intellectual pre-eminence is always promptly recognized by the world, while the pecuniary circumstances of men eminent in thought are either entirely overlooked, or are considered only as aids or hinderances to them in their work accordingly as they are favorable or otherwise. With a competence secured, the man of science can well afford to dispense with wealth and its attendant cares and responsibilities.

Of the professions, medicine offers perhaps the widest, freest field for him who would serve his generation, and distinguish himself by new discoveries and inventions. Although the healing art is as old as the human race, medicine as a science is recent. From the earliest recorded times, through long centuries, we find it grossly encumbered by superstition, strangely commingled with philosophy and religion, hedged about by creeds and dogmas, persecuted by the church and hindered by the civil powers. School succeeded school, and system succeeded system, without any

adequate understanding of the sciences of anatomy, physiology, chemistry and pathology, upon which only was it possible to found rational medicine. Here and there some brilliant discovery illuminated the general gloom to the lasting benefit of man, and to the lasting glory of the discoverer. But only within the last few centuries has progress in these and collateral branches of knowledge been sufficient to place the practice of medicine on a scientific basis. And though we can not review the recent history of medicine without being impressed with the wonderful improvements which the last few centuries have brought forth. Every one who has found himself at times utterly baffled in his efforts to understand and combat disease, believes that much more remains to be done. Medicine, then, is progressive, and offers rare opportunities to the man ambitious to win distinction by contributing to the structure of knowledge. In opportunity all practitioners, however differently situated, one from another, are about equal. The alleviation of human suffering being their study, they find their subjects wherever disease has laid its blighting hand on the children of men. In the rustic village as well as in the crowded city.

The highest ground, however, from which to consider human success, is not what a man makes of or by his work, but what his work makes of him. Though there was never before a time when financial success was so indispensible to social recognition as now, yet those who are accustomed to look below the surface of things see in it but a paltry recompense for the labor of a lifetime, unless the growth of character has kept pace with the growth of fortune. However imperative the spirit of our times may point to the possession of property as the *sine qua non* of recognized success, it does not follow that for this a man "may crawl in the dust," stifle within his heart every principle of justice, honesty, generosity, sympathy, every noble emotion, every lofty aspiration, that it will pay to fail as a man in order to succeed as an enterprise.

The great question after all is not what a man does, but the spirit in which he does it. The practice of medicine offers unusual opportunities for the development of high attributes of character. In addition to an acquaintance with the scientific aspects of his profession, the man who would be a successful practitioner must study to excel in various qualities of mind and heart. Called upon many times a week to answer both the knowable and the unknowable, he must enlarge his resources for such emergencies by acquiring a liberal fund of information outside the limits of the strictly professional. So much do the circles of human knowledge intersect one another, that no information which we can acquire should be regarded as incapable of being turned at some time to specific use. Called to assist in every rank and condition of life, he must have adaptability that will place him in harmony with the situation, whatever it may be. With equal tact he must humor the whims of the elegant lady, the victim of ills often imaginary, and sympathize with the more palpable troubles of the poor laborer. Dealing with the whole gamut of human ills, he must acquire a versatility that will enable him to dismiss a subject at will, and address his whole mind to another; a firmness of nerve that will not falter in great and trying crises; and a serene confidence in the issue that will sustain the confidence of those relying upon him. Habitually meeting people at their worst, when pain and weakness render them incapable of being just and reasonable, he must school himself to a self-control capable of maintaining a calm composure under great provocation. Dealing with so mysterious a quantity as human life, and human life jeopardized by disease, he must be enabled to encounter at times great and painful surprises with a quiet self-possession that will veil his feelings from those about him. He must have a shrewdness and firmness in business that will prevent him from being defrauded by the unprincipled; tempered with a charity that will give when indicated the best services he is capable of, without the expectation of recompense; a professional zeal without discrimination, that will cause him to give to the poor hod carrier in the hospital ward the same faithful attention as to the prince in the palace; an adroitness of speech and manner that can impart to a patient and his friends the

gravity of a case without exciting them to despair, and the trivial nature of another case without giving offense; a just confidence in his own knowledge, and skill that will inspire confidence in those who employ him; a patience and fortitude born of this confidence, that will sustain him in the presence of seeming distrust or unmerited blame; a power of endurance, mental and physical, that will carry him through great and prolonged exertion; a professional honor that will reject any but just and fair means for enlarging his field of labor; a wariness that will not suffer him to be entrapped by the unscrupulous or designing, into any act unworthy of a professional gentleman; a moral character untouched by the breath of suspicion; a generosity that will divide the honors of success with any who have aided in contributing to it; a fertility of resource that will not leave him without expedient; a persistent faith and courage that will never resign a patient to the inevitable until the breath has left the body; a generalship which can sustain defeat with an unbroken front.

This, and much more, must he be who would follow with credit the calling of medicine.

Such a man will not fail to win patients and material success, but to the discerning mind the true summary of his success will be not of stocks, mortgages and real estate.

Rather it will be said of him, as was said of Bias, the wise Greek, "himself is the treasure that a whole life has gathered."

Ether as an Anæsthetic.

Read before the Medical Society of the Missouri Valley, March 20, 1890, at St. Joseph, Mo.

BY J. M. RICHMOND, A. M., M. D., OF ST. JOSEPH, MO.

The day I received a notice of the meeting of this society, I read in the morning paper these two telegrams:

"SAGINAW, MICH., February 15.—Mrs. Patrick Callahan, of Thomastown, while undergoing an operation on one of her thumbs, died here this afternoon from the effects of chloroform administered by Dr. Davis."

"DUBUQUE, IOWA, February 15.—Mrs. William Bradley, wife of one of the leading capitalists and real estate owners of Dubuque, died very suddenly this afternoon, under the influence of chloroform administered by Dr. Horn, her family physician."

Accompanying the notice was a request that I write a paper for the meeting. I had no subject on which to write; but when I saw the above items a subject was suggested, because of the almost daily reports of deaths from chloroform, and the fact that so many doctors are still giving chloroform or ether by the old cone or towel fashion, risking their patients' lives and their own reputations.

Since the time of Hippocrates, no greater boon has been conferred upon the human race than the privilege of anæsthesia. Modern surgery has made great progress, probably more than in all the former centuries. But when we remember at what a disadvantage the older ones worked in an operative way, it is only surprising they did so much. Surgery would lose its attractions to most of us had we to do our operations upon conscious patients.

In the few remarks I propose to make at this time there is no claim to originality. I merely wish to tell you how I have been helped in my work, and to help you. That is one of the main points wherein a good physician differs from a quack. He has no professional secrets, but tells his brothers any thing he may learn that will benefit them or their patients. I have no doubt many of you are already familiar with the point I wish to make. But sympathy for those who are not, will allow you to excuse me for occupying your time.

In many instances as much credit is due the man who teaches us how to utilize an important discovery as the one who originated it. Simpson discovered neither chloroform or ether, yet he should not stand second in the gratitude of the world for the part he took in it, which was to tell us how to use them.

I will now give my idea as to which I think is the safest and best anæsthetic, and its mode of administration. My preference in practice has been for surgery, yet the pleasure has been materially marred by not having a satisfactory anæsthetic.

The first twelve or fifteen years of my practice I used chloroform, with fortunately no serious accident, but kept in dread at every operation. Then seeing in almost every journal reports of deaths from its use, I concluded it was best to use ether with all of its inconveniences. This I continued until about seven months ago, dreading every capital operation both for the patient and myself.

Last summer I read in the New York *Medical Record*, a surgical report to the British Medical association by its president, Mr. Teale, surgeon of the Leed's infirmary, in which he speaks in the highest terms of ether when used with Clover's inhaler. So impressed with his earnestness, and so anxious for relief in this line I ordered one immediately. I have not regretted it. No price could induce me to part with it if I could not replace it. My son, upon whom I first tested it, in the presence of Drs. Sieman, and J. W. Heddens, is my etherist, and has managed it for me in all of my operations during the last six months with perfect satisfaction. Having the patient in nearly every instance unconscious and relaxed in from two to three minutes.

As a result of my experience with ether and chloroform (with a prejudice in favor of chloroform until recently), I do not hesitate to say that for safety to the patient, and for comfort and convenience to the operator, that ether is far the better anæsthetic of the two. But I could not say this under the old plan of administering it, not until I had used Clover's inhaler.

Mr. Teale, in the paper to which I have referred says: "My earliest experience of ether was in the method introduced by Dr. Joy Jeffreys, when at the international ophthalmic congress in 1872, he preached his crusade against the almost universal use of chloroform, prevalent in the United Kingdom, and compelled British surgeons to take up the question of ether. He appealed to our sense of duty in reference to the fearfully increasing fatality of chloroform, and we responded to his call in spite of the grave disadvantages of the clumsy, wasteful, nay harmful method of giving ether by lavishly pouring it into a cone formed of a towel, to which he introduced us. The disadvantages of ether so given were great and obvious. The struggling of the patient, the icy coldness of the inhaled air, the saturation of the air of the room by twelve, fifteen or twenty ounces of ether spent upon a single case; and the not infrequent, and occasionally fatal bronchitis which followed, were such obvious drawbacks that the wonder is that ether survived as an anæsthetic until it had time, by improved methods and increased experience, to win its way to the pre-eminent confidence which it now commands. The towel, after a time, was superseded by the wicker grid, an improvement on the towel, but sharing with it the chilling of every inhalation by the evaporating ether, as well as a high percentage of waste of the anæsthetic. Next came the great step which was the saving of ether as an anæsthetic. Ormsby, of Dublin, invented the inhaler, in which the exhaled warm air, charged as it is with ether, was received into an india-rubber bag and breathed over and over again, thus economizing the heat of about ninety per cent. of the exhalations, and reducing the waste of ether. This idea was taken up by Clover and developed into the present form of inhaler, which, as far as I know, is unapproached by any method of giving ether that has come into use.

Still there are many surgeons who use chloroform, or if ether is given the obsolete towel, or grid, or the inferior inhaler of Ormsby is used; or even should a surgeon or hospital possess a Clover, they may not have an etherist who knows how to use it to the best advantage. To administer ether badly is to bring it down nearly to a level with chloroform as to safety, and to render it inferior to chloroform as to comfort to the patient. A bad etherist will cause fear, coughing, distressing sense of suffocation, excitement, struggling, blueness of lips, mucous rattling in the trachea and bronchi. He will take many minutes, five or ten, in getting his patient under the anæsthetic; will use twice or thrice as much ether as is needful; will keep his patient, when unconscious, overcharged with ether, in a state of profound stupor, and will now and then set up a dangerous bronchitis. A good etherist will win the confidence of his patient, even of the most timid, by judicious

encouragement, and by first applying the mouthpiece alone. As confidence becomes established he adds the reservoir, and then the india-rubber bag, slowly turning on the ether as tolerance of the vapor becomes established and unconsciousness begins to steal on. Then he more rapidly increases the proportion of ether, and the patient quickly falls into complete anæsthesia.

Such an administrator will, in nine cases out of ten, have the patient ready for operation in two or three minutes, and not infrequently in about a minute and a-half, without a struggle, without coughing, often without even a transient sense of suffocation, and with the expenditure of about half an ounce of ether, and will need but about one ounce of ether for each quarter of an hour that the anæsthesia is kept up. In such a case we need fear no danger at the time, nor subsequent bronchitis. So much for the patient.

But there is another side of the ether question which has never been sufficiently appreciated. The advantages to the operator of using ether instead of chloroform are very great. In the first place his anxiety is less, and when obliged to trust to an inexperienced administrator, as he must do at times in sudden emergencies, he can more efficiently keep an eye on the patient's condition, and superintend the administrator, than when chloroform is used.

In the second place there is a saving of time, a patient being brought under the influence of ether in two or three minutes, whereas chloroform, in my experience, needs eight or ten.

In the third place, under ether return of consciousness to pain generally lags behind the return of mental perception, and thus anæsthesia can easily be re-established without interrupting the operation. So marked is this fact toward the end of a prolonged operation, that sometimes the surgeon may continue to operate for ten minutes or a quarter of an hour without re-application of the inhaler, and even converse with his patient while stitching up a wound. This is hardly, or rarely, the case with chloroform.

Let any one who is not yet a convert to ether, or who, having used ether, is wavering in his allegiance to it, ask himself these questions:

Have I myself studied the details of successful etherization?

Am I using the best form of inhaler?

Have I taken pains to have those who act for me properly taught and trained?

If not, let him ask himself one more question:

Have I done my duty?

DISCUSSION.

Dr. Potter, of St. Joseph—The heart, lungs and kidneys should always be examined before administering an anæsthetic. The deaths that occur are the result of a neglect to do this. Statistics show 1 death in every 3,000 in administration of chloroform, and 1 in 20,000 of ether. Thinks probably the odium attached to the use of chloroform is due to the fact that it is a foreign production, while ether is American.

Dr. McCrae—Many deaths happen from the administration of ether as a result of carelessness. Eastern students are educated to believe that ether is comparatively harmless. Am in favor of chloroform.

Dr. Coffman, of Omaha—I give ether in long continued operations, and chloroform in minor operations. Am not afraid to give ether in valvular lesions of the heart.

Dr. Thompson, of St. Joseph—Prompt and active restoratives should always be at hand when giving an anæsthetic.

Dr. H. C. Crowell emphasized the fact that the urine should be examined. Ether should never be administered in fatty degeneration of the heart or kidneys. Dont't think there is any danger in giving it in valvular lesions. The day is coming when chloroform will be less used. A hypodermic of morphia and atropia should be given before the administration of the ether.

Discussion closed.

A SHOE trade journal says that the best time to get shoes fitted to the feet, is the latter part of the day. The feet then are at their maximum of size and sensitiveness. To those of the fairer sex and of minature feet we charge no fee for this advice.

Pneumonia.

ITS RELATION TO 1, ESSENTIAL FEVER. 2, MICRO-ORGANISMS. 3, FATALITY. 4, THERAPEUTICS. 5, ANTIPYRETICS. 6, ALCOHOL. 7, RELAPSES. 8, PHTHISIS.

Read before the Republican Valley Medical Society at Concordia, April 4, 1890.

BY J. H. M'CASEY, M. D., OF CONCORDIA, KAN.

Acute lobar pneumonia possesses many points of pathological interest and practical importance.

Not endeavoring to deal with the morbid anatomy, clinical history, diagnosis, &c., I will consider briefly a few questions calculated to create discussion upon those points upon which difference of opinion is held.

Is croupous pneumonia an *essential fever*, or a primary local inflammatory disease? The best authorities consider it an essential fever, with the lung as the seat of the characteristic local lesion, in the same sense that diphtheria selects the throat for its seat of local manifestations. Typhoid fever selects Peyer's patches, small-pox the face, measles and scarlet fever the skin, meningitis the membranes of the brain. Pneumonia is a self-limiting disease, and does not run a course proportional to the amount of tissue involved. In uncomplicated cases the fever abates in five to eight days, Whether one, two or three lobes are affected does not materially affect the duration of the fever.

In inflammation of the liver, pleura, skin, tonsils, salivary glands, joints, &c., the extent of tissue inflamed, whether resulting in suppuration or not, affects the duration of the fever in a marked degree. For example, a cellulitis resulting in abscess, will likely give rise to more or less fever for several weeks (sometimes months). Inflammation of a tonsil, followed by suppuration, will rarely be accompanied by fever for a longer time than three to six days. It is true that lung fever is more often accompanied by circumscribed dry pleurisy. When this is the case, we have a local inflammation set up in the pleura, as the result of the essential fever—pneumonia.

Acute lobar pneumonia rarely persists and becomes a chronic affection, which is true of cellulitis, tonsillitis, joint inflammation, &c. The inflammations just spoken of are often of traumatic origin—pneumonia rarely ever is. Pneumonia prevails as an epidemic, and is more prevalent at certain seasons of the year and in certain climates.

2. Is there any reason for supposing pneumonia to be due to a *micro-organism?* Yes.

From numerous experiments performed in Germany, France, and some in this country, it has been shown that an elliptical pneumonomycosis may be found in the pneumonic lung up to the eighth or ninth day of the disease. A hypodermic needle was inserted into the hepatized lung tissue, and the microbes drawn out and introduced in the same manner into the healthy lung tissue of dogs, rabbits, mice, Guinea pigs, &c., which resulted in fatal pneumonia in a large per cent. of cases, as shown by autopsy.

The inoculation is more certain and complete if the lung soil is rendered favorable by previous debilitation. Exposure to a cold, humid atmosphere stands in causative relation to pneumonia in any case.

3. What circumstances favor a fatal termination?

Without accident uncomplicated pneumonia tends to recovery. It is often secondary to grave diseases as typhoid fever, rubeola, whooping cough, renal diseases, &c. In this event it is the combination that kills. Again pneumonia may cause or excite other diseases as empyema. Pneumonia, attacking the aged, feeble, very young and especially during teething, female sex and especially during pregnancy, colored people, more than one lobe being affected. The upper lobe is more serious than any other. When the whole lung is affected recovery is doubtful. Recovery in complete double pneumonia is the exception. There is a fatality of double ordinary rates in drunkards. An irregular or intermittent pulse, or a pulse of 130 to 140; a temperature of 105° betoken approaching death. Temperature of 106° is usually fatal. Low muttering delirium, *subsultus tendinum, coma vigil* cold extremities, clammy skin, great pallor, ema-

ciation, pinched drawn features, great lividity, all portend the patients doom. The death rate in pneumonia is about one in five.

Dr. Osler, of Baltimore, says that hospital reports are not reliable as to the increased death rate of pneumonia during late years. Although the census returns of the United States show an increased mortality from pneumonia, the death rate is larger in the cities than in the country, on account of the pauper element in the former. In the city of Boston hospital for the past fourteen years, twenty-nine per cent. of those affected with pneumonia died.

Dr. Osler says that many cases are uninfluenced by treatment. He has practiced free bleeding for ten years, and says it is a shame to allow strong sanguine persons to die from over-distension of the right heart for want of bleeding. Where I practised bleeding myself it was attended by the most salutary results. I think blood-letting should be revived to some extent. When the winter's debris of the blood was drawn off by way of the mediobasilic vein, the death rate was one in three. When bleeding was abandoned in favor of emetics and purgatives, the death rate was one in four. In uncomplicated cases under the do-nothing plan of treatment, fifteen per cent. was fatal. With supportive treatment five per cent was fatal.

Dr. Arthur Jamison, in his report of 155 cases: "The result in 81 cases was perfectly clear lungs, afterwards 74 had dullness, and 13 resulted in phthisis." He thought it important to secure complete resolution, as tubercle bacillus finds its best nidus in old inflammatory products. In the 81 cases referred to he used tartar emetic freely, and believes it to be the best remedy. Its action seemed to be a respiratory sedative.

4. Are there any therapeutic measures that can abort, abridge the duration of the disease, or lessen its gravity? We answer yes—absolute *rest*.

Too much attention cannot be paid to this point. In our experience we can all recall instances of severe accidents occurring in the course of treatment from neglect of this point. The temperature of the room should be 70° to 75° F. Good ventilation without draughts. Begin with a cathartic, *calomel* is my favorite, in doses of grs. ii. to iii. combined with sodii. bicarb. or jalap powder, twice a day, until a good action of the bowels is secured, which lowers fever, reduces the frequency of the pulse, and greatly lessens the amount of engorgement. Calomel seems to have a powerful antiseptic action along the alimentary tract, and in fact throughout the whole system, perhaps from its conversion into the bichloride.

An old physician of St. Louis, Dr. McManus, says "he can see no reason why any one should die of pneumonia so long as the calomel holds out. He administers grs. 30 to 60 at the first dose.

I usually give tincture of *aconite*, in drop doses every 1 to 4 hours, for the first 3 or 4 days, as an arterial sedative.

Warm flaxseed poultices applied to the lungs, are both grateful and beneficial. Morphine, or Dover powder, to lessen shock and give rest during early stages, is commendable. Morphine is more acceptable to the stomach.

Ammonia—At the end of three or four days I begin the administration of muriate, or carbonate of ammonia, in doses of grs. v. to x. every two to six hours, which renders the exudation less abundant, liqufies it, promotes expectoration, renders the blood more alkaline, aplastic, and so prevents embolism. It keeps up the heart's action, aids resolution and absorption. The common mode of death in pneumonia is by the so-called heart failure; therefore, any measure that sustains the heart's action, as ammonia does, is a contributing essential towards recovery.

5. Has the employment of *antipyretic* measures a beneficial effect in bringing about recovery? Yes. The morbid anatomy of lung fever.

1. The consolidation of lung tissue. 2. Fever—are two very important pathological conditions. 1. Consolidation diminishes the area of breathing space. 2. It is an impediment to pulmonary circulation.

With high fever there is an increased demand for oxygen, which causes rapid respiration and quickening of the pulse. If the fever remains high for a few days the right ventricle is called upon to perform an excessive

amount of work, and heart failure is the inevitable result. Therapeutic measures, which keep the range of fever below 101°, and the pulse below 100 to 110, until the violence of the disease has been spent, necessarily removes uncomplicated pneumonia from the list of dangerous diseases, and mitigates the tendency to complications.

The antipyretic drugs that have been used are aconite, quinine, veratrum viride, soda salicylate, antipyrin, antifebrin. Phenacetine is still on trial.

Quinine is believed by many to be the best of its class, but it takes seven hours to reduce the temperature 1 to 3 degrees, which will remain reduced 5 to 8 hours, grs. xx. to xxx. of quinine is required. This may be followed by vomiting, deafness, cardiac depression and general discomfort.

Antipyrin, in doses of grs. xv. to xx., will lower the fever four times as promptly. One or two doses of this drug will reduce in a few hours a temperature of 105° to 101°, a pulse of 120 to 90 or 100, respiration of 40 to 30 per minute. These results will remain for 8 to 12 hours, when another dose or two may be given. The delirium is quieted, the nervous pain is relieved, the pulse rendered more regular and reduced in frequency. There is no deafness or ringing in the ears.

The *wet sheet, cold pack baths* or sponging, are of signal utility in controlling pneumonic fever. I would prefer to have a fever of 101°, and a pulse of 105, and respiration 32 per minute, than to press antipyretic treatment too strongly.

Dr. Prochet, of Charleston, keeps two towels soaked in ice water, one he applies to the forehead, the other he applies to the hands and arms. This he keeps up for twenty minutes, then suspends it for a few hours. Dr. N. S. Davis, of Chicago, says the excessive temperature of pneumonia can be more safely and uniformly controlled by frequent sponging of the surface with cold water, than by what is known as the antipyretic doses of drugs. People that kick on baths accept cold sponging as a compromise.

6. Is *alcohol* useful in the treatment of pneumonia? Yes.

Dr. Flint, Sr., gave ℥ ii. of brandy hourly to an infant fourteen months old, and the child recovered from whooping cough, complicated with pneumonia. Dr. Tully relates an instance that occurred in Virginia, when eight pints of whisky were administered in twenty-four hours in a case of typhoid-pneumonia, "not only without injury but with benefit." It is to be regretted that the *proof* of the spirits, as well as the proof the story, was not taken. This amount would be sufficient in snake bite.

Unfortunately there are no recorded statistics to funish any data as to the mortality of pneumonia when treated without alcohol. Disease being a synonym for waste of tissue. The theory of alcoholic stimulation is deeply rooted in the minds of the people. The medicine seems to be agreeable in the great majority of cases. It finds many advocates. In my judgment, if there is one disease more than another in which alcoholic stimulation is beneficial, it is pneumonia. I have sometimes administered 12 to 16 ounces in 24 hours for 1 to 3 days, to tide the patient over the danger point. Roberts recommends a pint of brandy in twenty-four hours. When the pulse reaches 110° to 120° the case is more serious. The more frequent the pulse the greater the need of stimulants; also, in intermittent pulse, and in the aged. The victims of alcoholic habit can not rally without it. It neither raises nor lowers the temperature materially. It is of the greatest utility when given as milk punch. It should be given at regular intervals of two to four hours, to obviate the depression that follows the employment of large draughts at longer intervals. It is a good practice to meet emergencies as they arise. No specific directions can be given as to the administration of alcohol. The same may be said regarding other therapeutic measures. The symptomatic treatment of pneumonia is the only treatment, if it can be said to have any, and has yielded according to statistics by far the best results.

7. Do *relapses* occur in pneumonia? Pneumonia, regarded as an essential fever, with the lung as the seat of the characteristic local lesion uncomplicated, may be said to be exempted from relapses. Extension of inflammation to another lobe, inflammation in other localities, and concurrent malaria, often ex-

plain the slight exacerbations of fever after the crisis.

8. What are the *sequela* of pneumomia? Bronchitis and dry pleurisy rarely fail to exist as concurrent diseases. They are usually confined to the affected area, and rarely alter the course of the disease.

Pericarditis, although less common, is a serious complication, proving fatal in fifty per cent. of cases affected. It is found in about equal frequency in pneumonias of the right and left side. The formation of thrombi is favored in cases where a large portion of the lung is involved. For example, double pneumonia, which obstructs the free passage of blood through the lungs. The diminished heart power, coupled with increased fibrin-factors of the blood, readily lead to the formation of heart clots.

Meningitis occurs not as a complication, but as a secondary disease. Gastro-intestinal catarrh is sometimes present in severe attacks of pneumonia. Jaundice, from impeded circulation in the lungs, causing congestion of the liver, is not infrequently present. Bright's disease often supervenes in pneumonia, and, according to Hess, is present in fifty per cent. of cases terminating fatally.

Gangrene of the lung occurs in about two per cent. of cases. Abscess occurs in about one per cent. of cases.

One attack of acute lobar pneumonia predisposes to a repetition, or induces a proclivity to its return, not as a relapse, but as a primary disease.

Phthisis, being both inherent and acquired, it seems reasonable to assert that non-resolving pneumonia of the upper lobe would furnnish a soil favorable for the growth and propagation of tubercle bacillus. Phthisis occurs more frequently in the apex, and pneumonia in the lower lobe, consequently it is difficult to establish a causative relation of phthisis to pneumonia under those circumstances.

THE preparations of "Hypophosphites," "Coca," "Pepsin," etc., made by "Messrs. R. A. Robinson & Co.," are endorsed by many prominent physicians. We recommend a careful perusal of the advertisement of this well known manufacturing house. (See page ii.)

Pneumonia.

Read before the Republican Valley District Medical Society at Concordia, April 3, 1890.

BY L. R. WHITE, M. D., OF SCANDIA.

Much has been written of late to prove the infectious nature of acute lobar pneumonia. While I am not a disciple of the doctrine, nevertheless its infectious character is sometimes very plainly pointed out to us, when we consider the uniformity of the symptoms and course of this self-limited disease, which might easily represent the life history of a specific living cause.

Besides, the investigations of celebrated bacteriologists, bearing on the discovery and study of the causative germ, cannot well be ignored. Another argument in favor of the infectious nature of the disease is the repeatedly observed fact that two or more cases of pneumonia often occur in the same locality, under circumstances which would lead one to suppose the local cause—these outbreaks assuming at times the proportions of epidemics. However, this is as yet a matter of theory only, and these local epidemics may be simply coincidences. This much we do know, viz., that pneumonia is one of the diseases that are usually very easy of diagnosis, especially after the formative stage, and in this respect resembles some of the eruptive fevers.

Pneumonia is one of the diseases that doesn't require an enumeration of all its signs and symptoms to define it. Pneumonia is an inflammation of the parenchymatous structure of the lungs, and passes through three stages, viz.; engorgement, red and gray hepatization.

Pneumonia is one of the most frequent and one of the most dreaded, as well as one of the most fatal, and therefore one of the most important diseases, not only of childhood but of adult life.

Pneumonia is the most apt to occur in the course of some other affection and may occur as a complication of almost any disease. Idiopathic pneumonia, however, is not uncommon. Lobar pneumonia usually develops very suddenly, and has alarming symptoms, although the more quickly pneumonia is de-

veloped, when it terminates favorably, the more speedy is the resolution and the more rapid the convalescence.

Symptoms.—The first objective symptoms which attract a physician's attention when called to a case of acute lobar pneumonia, are the flushed face with feverishness, restlessness, rapid and labored breathing, sometimes delirium, a hot and dry skin, distress, anxiety and suffering depicted in every movement.

One symptom that is always an accompaniment of pneumonia is an excessive sensibility to light. On continuing our examinations and counting the number of respirations, we find them running up to 40, 50, and even 60 and 70 a minute.

There is always very violent fever which comes on suddenly and sometimes runs up to 104° or even to 105°. The pulse is often far above 100 per minute. One case, in which another doctor and myself got a temperature of 105° and the pulse showed 135 to 140 heart beats to the minute, and the case got well.

Following these symptoms we hear the cough which invariably accompanies pneumonia, usually, at the start, of a dry, hard nature, sometimes without any expectoration whatever, and sometimes of a frothy mucus, and sometimes we discover the rusty colored sputa so pathognomonic of pneumonia.

As to the subjective symptoms of pneumonia we almost always find our patients suffering more or less pain in the side and on further inquiry we are told that he or she had a chill or cold feeling at the commencement of the sickness. I have found headache to be a constant symptom of every case of pneumonia, and in point of fact, this headache is sometimes very annoying and distressing, so much so that patients have begged me to only relieve the intense headache and they would be all right.

On percussion, especially in an adult, it is usually easy to get dullness, although in very small children it is not always so easy to get definite results from palpation and percussion. However, as the other signs and symptoms are so prominent and well marked, it is generally an easy matter to diagnose a case of pneumonia, even in children.

In auscultation, however, we quickly learn of the disturbances within the chest wall. And the bronchial respiration, the abundant and distinct crepitant and subcrepitant fine and moist rales are easily made out The diseases most liable to be confounded with pneumonia, and from which a differential diagnosis must be made, are bronchitis, pleurisy and meningitis. There is, however, little difficulty in diagnosing pneumonia from bronchitis, as in the former disease we have the subcrepitant and even the crepitant rales and dull or flat percussion, usually confined to one side, while in bronchitis we have rales over both sides of the chest and normal percussion, and in bronchitis the temperature is only slightly elevated and when increased at all is only small and gradual, while in pneumonia it is always rapid, often rising several degrees within a few hours. And the characteristic sputa of pneumonia will make the diagnosis clear.

Pleurisy is easily eliminated by the slight degree of the pain and the absence of dullness on percussion and the friction sound and the entire absence or small amount of expectoration in pleurisy.

In meningitis we usually have persistent vomiting and constipation, and an entire absence of the physical signs of pneumonia as determined by auscultation and percussion.

Treatment.—As regards the treatment of pneumonia there is the old and there is the new treatment. The former is called the heroic practice, and consists of bleeding, blistering, nauseating disturbing and practising every harsh procedure possible on the suffering patient. I think this treatment is entirely discarded now. The new treatment is largely symptomatic, palliative, looking to the sufferer's comfort and sustenance. I believe that by a rational, judicious course of treatment, the worst case of pneumonia may be followed by convalescence in from a week to ten or twelve days. Of course, complications, physical defects and age often render recovery impossible. I remember hearing of an old physician who was himself sick and when told that his disease was pneumonia, calmly remarking, as if he comprehended the situation, "Seventy years, a feeble heart and pneumonia."

Unless contradicted, I usually begin treatment of pneumonia by giving a laxative or brisk cathartic. I then rub the chest with a stimulating turpentine liniment, and according to the severity of the case apply hot flannels, cotton batting or flax-seed poultice, even to a jacket poultice. A hot foot bath is often beneficial. When there is great dyspnœa, high temperature and a rapid, bounding pulse, I give five grains of quinine every four or five hours, order a liberal milk diet, and in feeble patients I use stimulants freely. The patient must be nourished and severe symptoms must be restrained.

My sheet anchor in pneumonia is quinine. It surely diminishes the fever heat. It slows the pulse. It seems to me to check the inflammatory process, and it acts as a great tonic. I usually prescribe carb. of ammonia with licorice and syrup of wild cherry to loosen the secretions and favor expectoration.

I give opium when necessary for pain or sleep.

I am skeptical as to the value of any of the new anti-febrins in this disease.

Forensic Relations of the Puerperal State.

Read in Outline before the American Medical Association in 1887.

BY HARRIET C. B. ALEXANDER, M. D., CHICAGO, ILLINOIS.

LATE ASSISTANT PHYSICIAN COOK COUNTY INSANE HOSPITAL.

The mental state of the puerperal female has not received the attention its forensic importance merits from lawyers and physicians, owing to the erroneous lay opinion, shared by many members of the medical and legal professions, that pregnancy is now, what it once was in the history of the race, a normal physiological process.

Pregnancy, if regarded in this light, stands alone, since no other physiological function presents the pathological phenomena; pulmonary, cardiac, gastric, renal, cystic, nervous and other disturbances, characteristic of pregnancy. Even "labor," that terminates pregnancy, is characterized by the pathological phenomenon "pain." It is illogical to speak of a condition in which pain is present as a physiological state. Pregnancy, unattended by phenomena is a rare exception, so rare that it may well be doubted whether these cases are properly observed, since too little attention is paid to nervous and mental phenomena, that do not reach the dignity of paralysis, spasms, contractions, amaurosis, amblyopia, odontalgia, hallucinations, delusions, maniacal outbursts or furor. That pregnancy at one time was a purely physiological process may be admitted; that it now is, no one but a *doctrinaire* will claim after careful examination of the subject.

Many causes have contributed to transform this originally physiological state into a pathological one.

Dr. Clevenger most ingeniously points out, for example, that "if we are to believe for our original sin the pangs of labor at term were increased, and also believe in the disproportionate contraction of pelvic space being an efficient cause of the same difficulties of parturition, the logical inference is inevitable that man's original sin consisted in his getting on his hind legs." To this original sin of assuming the erect position have been added the effect of atrocious modes of clothing, feeding, housing and employing and training one part of the race, which have checked their pelvic development, while other forces have augmented the cephalic development. From almost the begining of the race, forces have been at work which have decreased woman's usefulness, purely as a woman, and made her, man's embryological superior, his actual inferior in the struggle for existence.

The Teutonic races in which woman held a high place, have too often accepted the Latin doctrine, that there was nothing more than woman's caprice in the mental state of the pregnant woman, and have held her strictly responsible for the results of what their public opinion held to be a pathological state.

As Ben Jonson's plays show, Anglo-Saxon popular opinion regarding the pregnant woman as irresponsible for her "longings;" a most natural and just view, since, on careful analysis of the mental condition of the pregnant

woman, it is apparent that this is always affected by more or less morbid perturbations of the (monarchical) cerebral vasomotor center, secondary to: first, to pelvic fluxionary changes; second, to irritative conditions; third, to conditions of exhaustion; fourth, to pressure neuroses of cardiac pulmonary, gastric, visceral or peripheral neuro-origin. These factors of disturbance are always present in the puerperal state. I include the period from conception to the termination of early lactation.

The circulatory condition of pregnancy, as Cazeaux and others point out, is essentially that of chlorosis, which has been shown to be a tropho-neurosis by Dr. Hammond. The irritative conditions result from the general nervous and circulatory disturbance of which this circulatory neurosis is the expression, and are secondary to local and general inflammatory states, tears, erosions, displacements, etc. The conditions of exhaustion originate from the conditions last described, and are often secondary to severe or prolonged labor, lactation, too frequent pregnancies, poverty, and, in the abandoned and seduced, to the nervous agitation resulting from the surroundings. The mental changes consequent in fluxionary pelvic changes are emotional mobility, depression, abulia, varying from simple apathy to extreme loss of will-power, or destruction of the logical inhibitions which under pregnant woman subject to undue influence, to morbid suggestions and to pure imperative conceptions. Emotional mobility leads to infanticide through accidental neglect. Apathetic abulia has the same consequence, since it weakens the natural affections. Abulia readily leads to infanticide through a paramour's suggestions, by the perusal of child-murder cases, morbid suggestions, cannibalistic sexual furor and pure imperative conceptions.

Depression, a potent cause of infanticide in some patients, much more often leads to it in the pregnant, whose will and natural affections are blunted still more by the puerperal state. The mental conditions resulting from the causes mentioned are, as every obstetrician and pregnant woman will admit, peculiarly destructive of the free determination of the will.

In all Teutonic countries when popular prejudice has not intervened, it is still held that there is no criminal act where the actor at the time of the offense is in a state of unconsciousness or morbid disturbance of the mind, that prevents free determination of the will. According to this rule the admitted mental consequences of febrile fluxionary changes are amply sufficient to compel the State to demonstrate beyond doubt that free determination of the will of the pregnant or just delivered woman has not been impaired. These pelvic fluxionary changes are, as has already been pointed out, not the only influence at work. Abulia, the result of disturbance of the emotional balance, one of the most common and distressing of mental states, is produced by any or all the conditions mentioned. It may vary from slight weakening of the logical inhibitions to states where they are in complete abeyance. Women otherwise seemingly healthy complain of the lack of will-power or "energy" and find great difficulty in controlling themselves. In all conditions in which the will or logical inhibitions are impaired imperative conceptions arise, sometimes of pure type, sometimes suggested by morbid sensations. From these conditions also results that capriciousness which characterizes the puerperal state. Besides this caprice, emotional mobility and abulia produced by all the pathological factors mentioned, the local effects of these factors peculiarly modify the mental state.

Pressure on the heart, lungs and stomach engenders suspicional mental states, which create delusions of persecution, accompanied by ideas of poisoning and impaired appetite (of pulmonary, cardiac or gastric origin;) or of strangling and poisoning (of cardiac and pulmonary origin.) Pressure on the peripheral and visceral nerves sets of various types of hyperæsthesia, which persists long after the original pressure is removed, and tinge the mental state. Any physician of extensive practice will remember cases varying from slight eroticism, just beyond the patient's control to the openly expressed eroticism of puerperal insanity. The various "longings" of the pregnant woman arise from imperative conceptions, either pure or dependent on perverted sensations, or from reversions to early

habits of the race during reproduction. So long as these longings were of trifling character their morbid nature would not be disputed, nor considered worthy of thought; but let a pregnant woman kill and eat her husband, or newly-delivered woman, in that peculiar frenzy for blood that arises from perturbed sexual states, kill her child, and these ludicrous longings furnish a psychological key to such actions of great forensic importance. Every woman during the pregnant state is, it will be obvious, subject to influences that weaken her will, engender emotional mobility, render apathetic natural affection, and give rise to ideas of suspicion as well as to perverted sensations and propensities.

Legally these mental states predispose to murder, infanticide, nymphomania, arson, sanguinary cruelty, dipsomania and kleptomania, either pure or resulting from a desire for possession dominating a weak will. The literature is full of illustrative instances. When a well-to-do puerperal woman steals the public authorities willingly admit the plea of kleptomania; but when the poor, hunted, seduced woman steals she is too often treated as a criminal. If a married woman kill her new-born child, no jury will convict her. Let a seduced and abandoned girl do the same, and a public example is demanded (*pour encourager les autres.*) Yet in this last case the power of self-control is much more weakened, not only from the puerperal state but from other moral effects engendered by seduction, desertion and dread of exposure. This is arrant injustice, that can only be defended on the tyrant's plea of necessity for the protection of society, a plea, as history shows, based on ignorant prejudice. Severe penalties never decreased infanticide, since the seduced infanticide never could apppreciate the bearing of these penalties. This was well illustrated by Goethe, who never drew a truer or more pathetic picture than that of Margaret, about to be executed for an infanticide springing from the perturbed mental state clearly evident from her last interview with Faust.

In conditions of doubt, justice leans to the presumption of innocence. From what has already been said it must be evident that the mental state of the puerperal woman is a dubious one. In Illinois it would be sufficient to make the claim that the mental condition of the puerperal woman was unsound, and the burden of the proof would immediately fall on the State, in obedience to that old legal presumption of innocence in every man. In Indiana and New Hampshire the same just doctrine is held. Mental states are matters of fact, not ideal creations of law. It is sad to say that in the majority of our States the burden of proof falls on the prisoner in all cases in which insanity is a defense, and what insanity is, is determined by legal tests set up decades ago under pressure from English precedents. Barbarous as these legal doctrines are, they are held in California, Delaware, Kansas, Georgia, Maine, Massachusetts, Missouri, Minnesota, New York, Ohio, Pennsylvia, Texas, Michigan, Mississippi, Nebraska, New Jersey, North Carolina, Tennessee, Kentucky, and the Federal Courts.

These cruel absurdities have their natural results. Judges unable to rid themselves of legal superstitions, resort to subterfuges to avoid enforcing the alleged law in cases in which crime was the offspring of insanity not covered by the legal definitions. In the infanticide case of "The People *vs.* Kate Harvey" (*Alienist and Neurologist*, 1885,) expert testimony was not introduced until after the jury had convicted the prisoner; but the judge allowed the mental condition produced by the puerperal state to mitigate the sentence. The absurdity of such procedures is well summed up by Judge Doe, of New Hampshire. "If tests of insanity are matters of law, the practice of allowing experts to testify what they are should be discontinued. If they are matters of fact the judge should no longer testify without being sworn as a witness and showing himself qualified to testify as an expert."

In dealing with any forensic question the physician's first duty is to determine whether such a thing is a fact, not whether it might under certain supposable conditions have a bad effect in society. Once ascertained to be a fact, it is his duty to declare it such. In this spirit I have striven to prove that in crimes committed during the puerperal state the burden of the proof lies on the State, since the alleged criminal suffers from a path-

ological state predisposing to violations of major and minor morality. The law, in its assumption that every one is innocent, regards crime as an unusual state, and this presumption of innocence is strengthened if the state of the alleged criminal predisposes to unwilling violations of morality.—*The Alienist and Neurologist.*

Remarks on Steven's Operation.

Read before the Topeka Academy of Medicine and Surgery, April 1, 1890.

BY G. A. WALL, M. D.

Mr. President and Gentlemen:—The subject of this paper is one which is creating considerable favorable and much unfavorable comment from the profession, especially in the east.

It will probably not be amiss to give the details of his operation. It is one which demands careful judgment and delicacy of manipulation on the part of the surgeon, for it is an easy matter to produce diplopia, and our cure would certainly be much worse than the disease. The operation is performed in the following manner: Having placed the eye under the effect of cocaine, the conjunctiva is divided immediately over the insertion of the tendon, and at its center, about ¼ inch in extent. The tendon is then picked up with a small, fine-toothed forceps and small opening made in it, the point of a small, blunt hook, similar to a strabismus hook, only much smaller, is then introduced into the opening in the tendon, and with a fine, blunt pointed scissors the tendon is divided towards each border between the hook and sclera, preserving the capsular attachment at the borders of the tendon.

The insertion of the tendon is somewhat fan-shaped, and by dividing all but the extreme fibers at the borders of the tendon, it lengthens slightly, while division of the external fibers leaving a central band, results in very little if any extension of the tendon. The advantage of this operation is, that by means of the extreme outer fibers of the tendon, or where greater relaxation is required, by means of the close relation of the capsule to the outer fibers a considerable relaxation may be obtained, while the muscle is not allowed to fall back as in operations for strabismus. The relative position of the muscle to the eye is very little if any changed, in reality the muscle is only weakened. Relaxation to the desired extent is always obtained, but the relief to the insufficiency is not always permanent, for the healing process is sometimes attended with a degree of contraction nearly equal to the advantage gained by the operation, in which cases a renewal of the operation upon the same or opposite sides may be made. The operation is nothing more nor less than a partial tenotomy, but instead of commencing at the border of the tendon, we commence at its center. It might be well to say here, that should any high or even moderate error of refraction be found it should first be corrected before concluding to operate. The object of this operation is to reduce the slight tendency to deviation of the visual lines which is not visible but which can easily be found, should it exist, by producing diplopia by means of prisms. It is in those tendencies that this operation seeks its results.

We all know that these slight deviating tendencies would cause more trouble than the greater ones, because then our patient soon learns to suppress the image of the squinting eye, and therefore has no desire for binocular vision; but in these slight tendencies, there is a constant desire to retain binocular vision, and since the muscles do not act in harmony, there must be a constant strain on some muscle, and sooner or later it will begin to feel that strain, and as a result headaches, pain in the eyes and various nervous phenomena will arise. By this operation he claims to be able to relieve headaches, spinal pains, neuralgia, and even chorea and epilepsy when not due to organic lesions. That there are beneficial results to be obtained by this operation in some of those nervous phenomena I have no doubt, but before we operate we should carefully weigh every statement made by our patient, not at one examination but at several. I have seen many cases benefitted by it, and call to memory the following case which, I think, illustrates its effect. A lady from Wisconsin

was brought to the Woman's Hospital in Chicago for some supposed ovarian trouble, I know not what. A double ovariotomy was recommended, I think. She complained of occipital headache, pain down the spine at the angles of the scapula, and vertigo when compelled to sit or stand long. She said she had not been able to sleep on her back for six months, and in any position was much troubled with insomnia. In the meantime she was sent to Dr. Hotz for some eye trouble, and upon examination only a slight error of refraction was found, but he found a tendency of the eyes to upward deviation, and suggested an operation to the patient, stating that some of her symptoms might be relieved by it. Accordingly a Steven's tenotomy of the superior rectus of the right eye was made and within two weeks the patient commenced improving, and three weeks after a second operation was made on the inferior rectus of left eye, the deviation not being fully corrected by the first one. In probably one month from date of last operation all pain and other symptoms had subsided, the patient grew more fleshy, and pinched appearance of her face had gone. She returned home, without any operation except those done by Dr. Hotz, and it is needless to say she was a happy and grateful patient. Now can there be a shadow of a doubt but what that muscular difficulty was causing all those nervous phenomena? There exists not the slightest doubt in my mind but that the terrible strain upon the muscles of her eyes, in her efforts to retain binocular vision, caused all the troubles which kept that woman in a state of perfect misery. If I did not wish to become a bore, I could cite many like cases of nervous troubles which were cured by a slight tenotomy. Of course, like all new things, people are slow to believe in their efficacy.

No doubt but what Dr. Stevens in his ambition overreaches the bounds of benefit derived from this operation. There is, of course, great antagonism to it among the physicians of New York city, but one can plainly see why that is. Notwithstanding that opposition, it is progressing, and will surely succeed in saving many sufferers from the torments of headaches, neuralgia, and constantly aching eyes for which in the past were assigned to the records as "cause unknown." Perhaps many poor unfortunates who, without this operation, would end their days as inmates of insane and imbecile asylums, will be cured!

Especially does this apply to cases of chronic chorea and epilepsy in which no organic lesion of the brain or spinal cord exists. In Steven's work he cites many cases of chorea and epilepsy which were permanently cured, and many which were only improved or not benefitted at all.

That some assertions contained in this article are true, I hope to be able to demonstrate to this society at some future day.

Preparation for Motherhood.

Read before the Eastern Kansas District Medical Society, at Topeka, Ks., April 8, 1890.

BY DR. M. R. MITCHELL, OF TOPEKA, KS.

The most important epoch of womanhood is the incipiency of motherhood. Much of its importance is the attending suffering it brings.

Glancing over the field of our subject the following question arises, viz.: What can be done to prevent, or at least to help bear these sufferings?

Such questions should concern us as physicians, and awaken the deepest sympathies of a common humanity.

The question as to causes suggests a wrong somewhere that may be righted.

During the whole process of gestation and parturition, we observe Nature's admirable adaptation of means to end. The formation of the enveloping membranes, the uterus gradually enlarging to accommodate the continuously growing contents. The generative passage has been increasing in size, and becoming soft and distensible, so that the parturient process, which was seemingly impossible, can be accomplished without physical harm. Yet possibly not without some suffering.

Lusk says, "The pains of labor are mainly through the compression of the uterine nerves by the contraction of the muscular fibers." The severity of the pains may be regarded as in proportion to the resistance to be overcome.

The agony becomes greatest, in the mechanical distension of the cervix by the presenting part, and the passage of the same along the vaginal canal and through the vulva.

This pain can be scientifically explained as the result of a physiological action.

It is, however, a gratifying fact that the practice of certain modes of life, and medical science may do much to mitigate even the physiologically contingent pains of childbirth.

It is undeniably the case, that the larger amount of suffering attendant upon the pregnant state, and childbirth, is owing to preventable causes and pathological conditions.

Although in consequence of Mother Eve's first and great transgression, the sentence, "In sorrow thou shalt bring forth children," was pronounced upon herself and her feminine descendants, yet it must be conceded that much the greater amount of sorrow and suffering, attending the childbearing process among the daughters of Eve, are attributable to the perverting and degeneratlng influences of customs indulged in, and especially under the rule of modern civilization.

It would, therefore, be decidedly unjust, unscientific and, we think, untheological for the becoming mothers of this age to still farther tarnish the memory of their maternal ancestor by attributing more than at least a small part of their woes to her original sin.

Evidence of this fact is sustained by history of barbarian nations, where it is said the women are generally less perverted physically than civilized women. Childbirth is regarded with very little apprehension, since it occasions little pain or inconvenience. The same is true with many women among the lower laboring classes.

"The ease with which the Indian women perform the parturient act is proverbial. They suffer scarcely at all with the pains of childbirth, and, without doubt, one reason is, the preservation of their sexual health by rest during the menstrual period." It is said, at those seasons they invariably absent themselves from the lodge and enjoy absolute rest. If the hardy women of the forest are benefitted by rest, certainly our more delicate females may be thus benefitted. The reckless manner in which some young women treat themselves at the menstrual period is truly appalling. It is no uncommon thing for young ladies at the menstrual period, to so expose themselves at balls, skating rinks, and like places, in such manner as is most calculated to do them the most harm. Such recklessness is really criminal, and the sad consequences are sooner or later realized.

There is no want of obstetrical literature giving instructions as to the best procedures and appliances to be used in assisting and carrying the woman through the trying ordeal immediately incidental to the parturient effort.

Gynecological teaching is abreast with the demands for methods of treatment and repair of diseased conditions as we find them incidental to childbearing. But it may be that more detailed and specific teaching in reference to prevention of woman's sufferings would be in line with a progressive civilization, and the genius of practical christianity.

Preventive medicine does hold a prominent place on the programme of duties of the industrious and conscientious general practitioner. No less possible and imperative is the use of proper preparatory means in the prevention of many of the long list of ills connected with childbearing.

When we look down the vista of many maternal lives, we see a series of periodical tortures, each covering almost the whole time from gestation to months after confinement. Is it any wonder that some such in their desperation will resort to criminal methods to gain relief?

Look at the home training of girls as we find it, in the so-called fashionable and higher grades of civilized and christianized countries. Many of the ills referred to are clearly traceable to physical defects in early development. How many of these girls pass into womanhood mere dwarfs, chlorotic, pale, sickly, nervous, hysterical, stooped, hollow-chested, imperfectly developed bone and muscle, impaired digestion, headache, backache, imperfect menstrual function; in a word, ere they arrive at the threshold of the connubial state, they are miserable physical wrecks. All the result of causes, such as a want of proper nutrition, proper clothing, proper physical exercise, proper primary instruction and guid-

ance as to physical functions. A mother's care, influence and teaching can accomplish much. In fact, a woman who is a true mother, possesses a prowess unequalled. She is afforded a sphere of good to the race scarcely surpassed by any other human agency. Especially is it so in regard to the physical development of her daughters. The application of dietary rules should be her constant care, also proper and timely exercise, at work, or play, which will develop strong muscular power. Clothing should be provided such as will secure comfort, protection, ease and freedom of muscular action. Thus, the girl's feet should not be crowded into little shoes, hands pinched by little kids, the body as tightly bound as a whipstock, or as thinly clad as a Fegee Islander.

No person has a better opportunity, nor is more capable than the mother of instructing the girl as to a practical knowledge of her own peculiar functions. This should be given early and timely, that she may grow into womanhood intelligent as to the importance of her mission as a possible mother. False modesty, and an equally false fear of degrading or corrupting the young mind, should never deter from this important duty. On the other hand, neglected early teaching and ignorance in these matters often record the story of suffering in connection with the pregnant state and parturition.

> "Youth is the time to serve the Lord,
> The time to secure the great reward."

Not only in the home, under the tutelage of the mother, has the essential physical culture of the girl been neglected or perverted, but also has our system of education in this regard been a failure.

The spirit of the ages in relation to education, from the time of the Christian Era, has been to despise and neglect the body, as if the body were a clog or an impediment to the acquisition of knowledge. The Manichæans put the climax to this idea by teaching that "God was the author of the soul, but the devil was the maker of the body."

As well might we expect a house to stand when the foundation is taken from under it, as to demand intellectual vigor from one whose physical strength has been dwarfed or wrecked.

The profoundest learning, the most charming talents and the best accomplishments are of little value to success in any great undertaking without physical vitality. Too many of the so-called educated and cultured ladies, when they enter the domain of pregnancy and parturition, appear as intellectual fizzles.

A worthy enthusiasm is now abroad in this age, striving to afford the young woman at least equal advantages with the young man, to mental culture and accomplishments in the fine arts.

But abreast with these should be physical culture, which is absolutely essential to the proper enjoyment of the intellectual and æsthetical attainments. So, also, should the training and education of females include the development of strong, vigorous muscular and nervous systems, because these qualities are the *sine qua non* to the physiological process of childbearing.

If the judicious use of air, sunshine and muscular exercise, should occupy prominent places in the curriculum of schools and colleges for the education of girls, childbearing would be shorn of many of its terrors, and a healthier, longer lived race would ere long inhabit our globe. Some little attention has been given, of late years, to the introduction of gymnastics into our schools, though in a crude and unsystematic mode, yet we have reason to feel that this indicates the dawning of better days for the physical culture of women.

A more thorough development and practical execution of this idea afford a fine field for laudable effort on the part of philanthropic societies, and the race-loving medical profession.

The immediate preparatory attention of the physician is important in carrying the woman safely through pregnancy and confinement. He should be consulted early in every pregnancy. He should use all proper and available means to acquaint himself with the general state of health, the predisposition of the woman, the formation, structure and condition of the pelvic organs, and to correct, as far as possible, any abnormal condition. Perhaps the most important therapeutic data in a case, is the condition of the blood. A capital fact in

physiology expressed in one of the aphorisms handed down by Hippocrates, "*Sanguinis moderater nervorum.*"

The blood is the great pabulum of the nervous system. If the blood can be kept at a high physiological state, the functions of the nervous system will correspondingly approach the normal.

Investigators seem to establish the fact that in the pregnant state, the red corpuscles of the blood are much reduced below the physiological arrangement. Hence the many morbid manifestations of the nervous system often are the result of an anæmic condition, rather than a plethoric, as has been sometimes supposed. Consequently the administration of an iron tonic would perhaps be more judicious than the lance.

The dietary and sanitary means should be carefully looked after. The secretions and excretions must receive prompt and continued attention. The urine should be frequently examined and the indications met. Lacing, tight clothing, and such as is sometimes supported upon the hips, should be prohibited. Clothing should be such as will protect well from colds and coughs. The nipples and breasts should in due time receive attention, with appropriate applications to elongate the nipples if needed, and prepare for lactation.

All contagious diseases should be carefully avoided.

A pendulous abdomen should be supported by an abdominal supporter.

Careful protection from mental anxiety and worry. Moderate exercise in the open air when weather is pleasant. As a rule, traveling by railway or roughly going vehicles should be prohibited.

And last, but not least, a word of encouragement is often needed and appropriate to restore confidence, bring cheer, dispel despondency and gloom, and frighten away the horrid specters foreshadowed by the startling stories and suggestions with which the patient is often favored at the frequent visits of mother gossip.

THE convention for the revision of the United States pharmacopœia, will be held in the city of Washington, May 7, at noon.

Phthisis.

Read before the Leavenworth Medical Society March 31, 1890.

BY W. D. BIDWELL, M. D., LEAVENWORTH, KAS.

When the existence of the bacillus tuberculosis was demonstrated by Koch, enthusiasts believed that this scourge which causes more deaths than all other diseases combined would soon be a thing of the past. All that remained to be done was to administer to each patient some germicide that would prove fatal to Mr. Bacillus, and the work was done.

But as time went on and it became evident that patients would succumb to the germicides before the bacilli were rendered uncomfortable, the enthusiasts became less hopeful, although sulphuretted hydrogen, oxygen, balsamic vapors and the air of different localities were still experimented with, giving more or less satisfaction. Heretofore the influences of heredity had been insisted upon as the most efficient cause in producing the disease although the possibility of infection had been suggested by a few writers. But the demonstration that many cases of the disease have arisen from infection has roused a new interest in methods of prevention rather than in methods of curing phthisis.

The disease is most frequently communicated by the bacilli from dried sputum and from the milk and meat of diseased cattle, with, perhaps, a few cases communicated directly from one person to another where they are living and sleeping together constantly. Consumptive parentage entails the inheritance of an enfeebled constitution and these children are more susceptible than those of healthy parentage to infection. Their greatest danger, however, lies in the fact that they may be infected by the milk they nurse from their mothers or by particles of dried sputum containing bacilli which may be floating in the air.

Dr. Bush has stated as the result of a number of investigations that from five to twenty-five per cent. of all dairy cows are tuberculous. This fact is startling and at first sight appears almost incredible, but the reason is not far to

seek. In the immense herds of cattle in the Argentine Republic tuberculosis is unknown. It is also rare among the beef cattle of our Western States. Why then should the well fed dairy cattle be so affected? It is a well known fact that to get cows that will give large quantities of rich milk the practice of inbreeding is resorted to, and the higher grade the cow the more closely inbred is she. But this inbreeding is at the expense of hardihood and this class of cows isolated and inbred for generations are more delicate and predisposed to tuberculosis than the hardy cattle of the plains which secrete milk less in quantity and in cream, and as a rule only for a short time after calving. Dr. Bush claims further, that tuberculosis prevails in any community in exact proportion to the perfection and distribution of the dairy cow.

In this connection I cannot forbear referring to an item in the *Times and Register* which reads: "In a sanitarium for consumptives, to be erected at Reinickendorf, near Berlin, the ground floors are to accommodate a number of milch cows, the exhalations from which will be conducted to the upper apartments, occupied by the patients." Two objections can be raised to this arrangement; first, if this class of cows is particularly predisposed to tuberculosis, unless great care is taken in the selection some of the animals kept there may be subjects of the disease and their exhalations would tend to reinfect the patients. On the other hand great care would have to be taken to avoid infecting the animals from patient's secretions and thus endangering those who used the milk or flesh of these animals hereafter.

Some authorities claim that vaccine matter from a tuberculous animal will communicate tuberculosis, and in some establishments the animal is killed before any points prepared from it are sold, and if any evidences of disease are found by post mortem these points are destroyed. Prophylaxis therefore consists not in limiting offspring, but in protecting them after birth, as from other infectious diseases. The greatest danger is from sputa which becomes more dangerous as they dry, when particles laden with bacilli may be carried in the air or clothing to the undoing of whole families and the repeated reinfection of the patient. All expectoration should be received in spittoons or spit cups containing a disinfecting solution, preferably carbolic acid with five per cent. of tartaric or hydrochloric acid. When flies are present the spit cup should be covered. Spit cups and spittoons should be emptied and cleansed frequently with boiling water and potash soap. The contents should be emptied into the water closet or buried in ground which will not be turned up soon, never thrown out near inhabited places where animals may get them. If it is necessary to wash clothes soiled with the sputum, they should be boiled as soon as possible and before drying. Such things, however, are better burned. The floors, woodwork and furniture of rooms in which consumptive patients stay should be wiped with a damp cloth, not dusted in the usual way. The patients clothing should be kept by itself and thoroughly boiled at the washing.

The patient should be made to understand that in neglecting these measures, he is imperiling his friends, and at the same time very much diminishing his own chances of recovery by reinfecting himself with the inhalation of his own dried and pulverized sputum. In case of death from this disease the apartment, clothing, etc., should be disinfected just as after death from any other infectious disease. Intimate association with persons sick with consumption is to be discouraged as much as possible, especially when one has an abrasion or wound of the skin or mucous membrane. All animals to be slaughtered for food or whose milk is to be used, should be carefully inspected, and in all doubtful cases meat and milk should both be exposed to prolonged high temperature. Tuberculous mothers should, under no consideration, nurse their babies. Whatever has a tendency to undermine the general health increases the susceptibility to the infection and diminishes the power of recovery from incipient tuberculosis. Out-door life, residence in elevated localities, where the air is not only pure, but rarified, the occupancy of sunlit and well ventilated rooms, the avoidance of localities where the air is contaminated by the presence of others as in crowded schools or factories, and all

measures which promote the general health and appetite are prophylactic, as they are also, to a certain extent curative of tuberculosis. Just at present one method of preventing infection is receiving much attention in the medical journals, viz.: The establishment of hospitals for the treatment of consumptives exclusively. This is a step in the right direction and deserves every encouragement, both as means of preventing the spread of the disease and of furthering the recovery of those already sick. The available and desirable sites for such institutions are not confined to Colorado and Florida, although for certain cases these States offer peculiar advantages, but the Alleghany, Catskill and White mountains, the Berkshire hills, the pine forests of North Carolina and of Michigan, with other localities too numerous to mention possess attractions and advantages for the establishment of hospitals and sanitaria that sooner or later will be a blessing and a boon to all mankind. While we may not personally have a part in the development of these larger measures of relief, each individual can contribute his mite by seeing that the simple precautions, that have been described, are carried out.

Whether the theory of infection is conceded to be proven or not, the precautions are so simple and easily followed that they should be adopted in every case where tuberculosis is known to exist. It is better to be blamed for being over cautious than for being negligent.

PHENACETIN IN WHOOPING COUGH.—The New York *Medical Times* says that if there is any remedy which will control a disease in a few days which if left to run its natural course, would last an average, of ten weeks, it may be safely said that in one disease science has accomplished something. In a typical case of whooping cough in a child eight months old, which had passed through its catarrhal stage and was well on in the second, or convulsive stage, the paroxysms coming on every hour of a violent character, the action of the drug was almost magical. Under the influence of a grain and a half doses every three hours the paroxysms in three or four days were reduced to half a dozen light ones during twenty-four hours, and in a week had entirely disappeared. Who has not felt, as he has seen the victim of whooping cough struggling in its convulsive paroxysms, with its face purple, its eyes bloodshot and its hands thrown wildly about in agony, the poverty of his art and his science for any relief it could bring to his patient.

Railroad Rates to the State Medical Society.

Physicians please read the following letter and note the requirements of the railroads, as their instructions must be complied with to secure reduced rates.

J. E. MINNEY, Secretary.

KANSAS CITY, Mo., March 8, 1890.

J. E. MINNEY, 723 Kansas Ave., Topeka, Kas.

Dear Sir:—In regard to your application for reduction in fare in favor of persons attending the Kansas Medical Society, to be held in Salina, Kansas, on May 13-15, I have pleasure in advising you that the rate of a fare and one-third for the round trip, upon the certificate plan, from Kansas points have been agreed upon by the railways mentioned below. Certificates to be signed by yourself.

Reduction will not apply unless there are at least 100 people in attendance *by rail* from outside points.

Atchison, Topeka & Santa Fe Railroad,
Burlington & Missouri River Railroad,
Chicago, Rock Island & Pacific Railway,
Kansas City, Fort Scott & Memphis Railroad
Missouri Pacific Railway,
St. Joseph & Grand Island Railroad,
Union Pacific Railway.

On the certificate plan, the passenger pays full fare in going to the meeting, and secures a certificate (or receipt) therefor from the ticket agent, by request, at the time of purchase, and this certificate (or receipt), when countersigned by the proper official at the meeting, becomes authority for sale of a return ticket over the same road, between same points, at one-third fare, thus making one fare and a third for the round trip. Where the ourney is made over more than one line, it is frequently necessary for the passenger to purchase separate local ticket and procure certificate thereof for each of the lines in this territory over which he travels in going to the meeting, as many of these lines do not honor the certificates of any other line. Passengers should therefore ascertain from the ticket agent what portion of their journey can be covered by the certificate procurable of him, and purchase tickets and secure certificates filled in accordingly.

Yours truly,

W. W. FINLEY, Chairman.

Kansas Medical Journal.

PUBLISHED MONTHLY.

SUBSCRIPTION PRICE, INCLUDING POSTAGE:

Per Annum, in advance.....$2 00
Single Copies.....25 Cents.

Subscription may begin at any time. The safest mode of remitttance is by bank check or postal money order drawn to the order of the undersigned. When neither is accessible, remittances may be made at the risk of the publishers, by forwarding in REGISTERED LETTER. Address

Kansas Medical Journal,
723 Kansas Avenue.

Editor-in-Chief:
J. E. MINNEY, M. D., Topeka, Kas.
Assistants:
W. L. SCHENCK, M. D., Osage City, Kas.
S. G. STEWART, M. D., Topeka Kansas.

TOPEKA, KANSAS, MAY, 1890.

Asepsis versus Antisepsis.

The periods of progress have been those marked by controversy and inquiry, especially the latter. This is true in all ages of the world and in all the professions.

Inquiry and controversy resulted in freeing religion of its demoniacal phase. The same active spirit has resulted in the betterment of our laws. Medicine is no exception to the rule. Antisepsis marked the beginning of an epoch in medicine. This period stands out in bold relief from that of every other period. By it results have been attained bordering on the marvelous. Resections of joints and amputations have been made and the wounds done up, hermetically sealed with antiseptic dressings and let alone for some days, a few weeks at most without disturbing them, and when finally examined healing had taken place without a drop of pus. These results are proof positive of the good resulting from the method.

Antisepsis was baptized with fire, and came to the front after having withstood the test in the crucible.

Asepsis has never had outspoken enemies. It has never been controverted theoretically. Practically, according to modern views, it has been neglected. It is all that is required in a surgical operation. It should be remembered that it requires greater care and knowledge in carrying out its technique than the former method (antisepsis). If the surgeon could be sure that everything used in the operation and about it was aseptic, he could be almost certain as to the results. But until the surgeon has acquired that perfection, it is better to cling to the cleansing obtained by the use of antiseptics.

There are a few exceptions spoken of at present regarding antiseptics worth considering:

A wound that is aseptic cannot be made more so by the use of an antiseptic.

Aseptic serous surfaces are said to be intolerant to antiseptic agents, such as carbolic acid, and especially the bi-chloride.

The use of antiseptic washes in the abdominal cavity, where a septic condition does not obtain, is clearly contra-indicated.

While every precaution should be taken to render the part to be operated upon aseptic, by the use of germicides, as well as the hands of the operator and assistants, and every thing to be used, when the abdominal cavity is opened and a septic condition is present; in the case, for example, of an uncomplicated ovarian cyst, the best results we believe are obtained by withholding the antiseptic wash from the cavity and using distilled boiled water, or water pure as can be obtained, boiled and used as hot as can be endured.

The antiseptic dressing should be used as a precautionary measure. In an amputation where the wound is aseptic the same condition is present, and aside from the preparatory cleansing the dressing should contain the antiseptic, and the germicide should be kept from the exposed aseptic tissue.

It is reported of Tait and a few others that they do not use germicides, and that their success is equally as great as those who do. Cleanliness, asepsis, is the secret of their success. When surgeons in general learn how to secure such cleanliness, and practice it, then may antiseptics be done away with. For one, we are willing to admit such attainment we do not possess, and we will have to be classed with the dirty doctors for the present.

ABSOLUTE rest is an important factor in the treatment of tetanus.

LITTLE THINGS.

A SCARCITY of doctors is reported in Hayti.

BREWERS yeast is recommended in diphtheria.

PETROLEUM for scabies—annoint the whole body.

PANBOTANO.—The new anti-malarial specific in place of quinine.

FEMALE practitioners in Russia are forbidden to attend male adults.

DR. THOMAS F. RUMBOLD, formerly of St. Louis, is located in San Francisco.

DR. W. R. WALLACE of New Concord, Ohio, has located at No. 721 Kansas avenue.

THE faculty of the Kansas Medical college begun preliminary lectures April 7, 1890, at 8 p. m.

DR. M. H. CAZIER, of Burlingame, has located at No. 603 Kansas avenue, with Dr. L. Y. Grubbs.

DYERS, of Hanover, employs venesection in small quantities, oft repeated in obstinate cases of chlorosis.

THE latest is a pneumatoscope by means of which an exact differential diagnosis of the lungs is possible.

THE National association of railway surgeons meets in Kansas City, Mo., on the first Thursday in May.

IN many cases of coccygodynia, Parvin claims, the hypodermic injection of warm water gives great relief.

IT is probable that the good results obtained by lime-water, in gastro-intestinal disorders, are due to its antiseptic action.

MRS. DONOVAN, of Baltimore, left $100,000 to Johns-Hopkins University, and $10,000 to Washington and Lee University.

THE Faith-curists of Brooklyn have acknowledged their mistake, and agreed to consult physicians when ill hereafter.

DRS. J. H. BRIERLY, of Glasco, W. A. Sawhill, of Concordia, and C. F. Leslie, of Clyde, are the pension examiners of Cloud county.

WE are pleased to note the appointment on the editorial staff of the London *Ophthalmic Review*, Dr. Edward Jackson, of Philadelphia.

DR. HUIDEKOPER, a leading veterinary authority in medicine, says that half the consumption in the country is due to tuberculous cattle.

DR. S. G. STEWAT, one of the editorial committee of the JOURNAL, was called to Ohio the first of April, by the serious sickness of his father.

DR. KLIPPEL of Hutchison, Kas., after taking a course on the eye and ear under Dr. Minney. has also taken a course on the same specialty in Chicago.

THE St. Joseph *Herald* gives the wrong date of the meeting of the Kansas Medical Society. See this number of the JOURNAL and the program.

DR. C. C. Green, president of our State Medical Society, is the happy father of a daughter. Truly his Topeka investment has proven a success.

OUR genial rhinologist, Dr. C. H. Guibor, moved his family to Topeka from Beloit the second week in April, purchasing a residence at 822 Buchanan street.

TOO much reading and too much meditation may produce the effect of a lamp inverted, which is extinguished by the excess of the oil whose office it is to feed it.

Dr. SHAW of Osage City, Kas., has removed to Kansas City, Mo. The doctor had a splendid practice in Osage, but well enough does not satisfy the progressive physician.

A ST. LOUIS actress recently by mistake took a draught of carbolic acid, which nearly caused her death. If it had been in Kansas the mistake would have been pardonable.

To diagnose with certainty gonorrhœa in the female, remember the pus of specific vaginitis is alkaline. Litmus paper will instantly decide.—DR. CHAPMAN *in the Medical Era.*

THE International Medical Congress meets in Berlin, August 4, 1890. The round trip ocean-passage is first cabin $90 per full ticket in inside rooms, and $105 per ticket in outside rooms.

PATENT MEDICINES.—The much advertised "Cuticura Ointment" consists of a base of petroleum jelly, colored green, perfumed with oil of bergamot, and containing two per cent. of carbolic acid.

FROM the experiences of modern and other officers of State prisons throughout the country, it seems that professional criminals have not the disposition nor the ability to reform their conduct. Therefore they ought to be regarded as moral imbeciles with hereditary traits or acquired physical or mental disease which in them have become organic and transmissible. Cannot society protect itself from the professional?

THE *Times and Register* of New York and Philadelphia comes loaded every week with a savory dish. The number for March 22, is equally succulent. We have read as yet but the editorials, annotations and the medical digest of this number, and say truly if there was no more we would be more than satisfied with it. It is one of the best medical journals published.

THE Republican Valley District Medical Society is coming to the front. The last meeting held April 30, was well attended and the papers and discussions were all good. The visiting brethren, Drs. Cullimore, Wall, Munn, McClintock and Minney, were treated royally.

SUICIDES are most frequent at the middle period of life. The nervous energy is exhausted in the accumulation of wealth or social attainments which too often result in disappointment. Happiness is the result of perfect physical and mental health.

DR. L. Y. GRUBB has returned from his winter home at San Diego, Cal. We hope the doctor will be able to remain with us. He has associated with him in practice Dr. M. Cazier formerly of Burlingame, Kas.

THE city of Truro, in Cornwall, England, with a population of 11,000, has only three doctors. O! happy people. We have in mind a western city or two which would be glad to supply the aching void.

OPHTHALMIA NEONATORUM.—Swan M. Burnett, M. D. (*New York Medical Times*) says that statistics show that at least thirty per cent. of the blindness in Europe is traceable to this cause.

CAWTINE says that where olive oil is used for food, gall-stones are infrequent.

THE death rate from pneumonia in the aged ranges from 60 to 75 per cent.

IN the KANSAS MEDICAL JOURNAL, Stewart relates two cases of gall-stone colic, in which he gave prompt relief by injecting half a drachm of chloroform into the gall-bladder. —*Times and Register.*

TO preserve your instruments from rusting, a writer says, immerse them in a solution of carbonate of potash for a few minutes, and they will not rust for years; not even when exposed to a damp atmosphere.

THE saliva in sickness, especially in long continued debilitating fevers, is very much weakened. Cooking increases the digestibility of starchy food. Starchy food should be cooked a long time for an invalid.

THE next session of the Northern Kansas Medical Society will be held at Seneca on May 8. The program will be a report of a case from the personal practice of each member. The annual election of officers occurs at this meeting.

ASSOCIATE editor of the JOURNAL, stockholder and director, Dr. W. D. Bidwell of Leavenworth, favored us with his presence and advice at the stockholders meeting in March, as will be seen by referring to the notes of the meeting.

DURING the progress of the Hyderabad experiments, female monkeys were fitted with apparatus to resemble the feminine corset, and chloroform administered. Two died promptly, and the others were saved with difficulty.—*Hospital Gazette.*

SCHULTZ says it is far better to use two fingers for a vaginal examination than one. The middle finger is longer than the index, and in addition there are two sensitive surfaces, the relative position of which can be varied and more can be determined than with one.

DR. J. H. BRIERLY of Glasco, reports three cases of diphtheria in which he used bi-chloride of mercury, gr. 1/20 every hour for three days and sprayed the throat with sulpho-calcine, with excellent results. All of these cases presented grave symptoms.

PUMPING the liver or massage in the treatment of gall-stones, is advocated and has been successfully carried out in a case, related by a physician in the *Virginia Medical Monthly.*

The Kansas Medical Society.

This society will hold its annual session in Salina, May 13 and 14, 1890. In looking over the transactions of the various State societies we are pleased to note that the Kansas Medical Society stands well up toward the head of the class. The sessions of 1888 and 1889, enrolled a larger membership than in any other two years of its history—except the Atchison meeting in 1879. The inducements to attend that meeting we do not care to mention.

We have been over the State during the past few months and the indications are that the Salina meeting will be well attended. The prospect is that the attendance will be larger than that of 1889.

The railroads named in this number of the JOURNAL will give reduced rates, one and one third fare for the round trip. Hotel rates will be reduced as seen in the reports of the committee of arrangements, page 479. There will be some visiting physicians from other States, in fact a cordial invitation is extended to them. In former years Kansas depended in a measure on her sister States for help, and we will ever remember the favor extended by our neighbors, and will be pleased to have them with us at our meetings.

We have no doubt that the older physicians, now non-residents of the State, and who have labored for the upbuilding of the medical profession in Kansas, are as proud as we are of the profession in Kansas to-day. We have itinerated from Wichita to Concordia, and from Seneca to Columbus, for the past five years and have attended city, county and district medical societies in these and various other towns and cities in the State. We have been a member of the State society since '81, and attended the last five meetings without receiving a tardy mark. We have been a member of the American Medical Association since '86 and attended each meeting, having the honor to be placed on the nominating committee each year. We have met the representative physicians of America in such council assembled and have obtained what Kansas asked for every time, and we are proud of having had the opportunity of seeing such a grand body of men, who are engaged in the noblest work man can engage in. But when we come back to Kansas again and re-visit her medical societies, and come in contact with her physicians in their every-day work, and see what they are doing and the success attending their efforts, and the display of judgment in deciding vital questions and the methods and ingenious home-made devices to meet surgical emergencies, in the number of good, all round men found in every hamlet and cross roads as well as large towns in the State, our pride is well founded and our enthusiasm for the Kansas doctor increases daily.

Those who attend the State Medical Society meeting at Salina, May 13 and 14, 1890, will see a large number of these physicians and it will amply repay us all to attend.

Disagreeing Doctors.

The St. Louis College of Physicians and Surgeons is having trouble. Seven of the professors have resigned. It appears that when elected they were not aware of the following amendment which accompanied the notice of their election in due time after the college year opened: "The appointment of all members of the faculty shall be made annually at the meeting of the board of trustees. The Dean, with the concurrence of the executive committee, shall nominate for approval by the board all those who are to compose the faculty for the ensuing year."

The executive committee of the college is composed of Dr. Louis Bauer, Dean; Drs. Joseph L. Bauer and Algernon S. Barnes.

Some of St. Louis' best men were of the faculty and while their course is commended, we are sorry for the necessity of such action.

FOR removing powder stains on the face—

℞. Ammon. biniodid. aquæ destillatæ aaʒj.

M. Sig. Apply to stains. This will make them turn red, then if painted with dilute hydrochloric acid, they will disappear.

THE late Sir William Gull, the famous court physician, it is said left a fortune of $1,750,000. Thirty years ago he was an unknown hospital physician, and penniless.

American Medical Association.

The Forty-first Annual Session will be held in Nashville, Tenn., on Tuesday, Wednesday, Thursday and Friday, May 20, 21, 22 and 23, commencing on Tuesday, at 11 a. m.

"The delegates shall receive their appointment from permanently organized State Medical Societies, and such county and district medical societies *as are recognized by representation in their respective State societies*, and from the Medical Department of the Army and Navy, and the Marine-Hospital Service of the United States.

"Each State, County and District Medical Society entitled to representation, shall have the privilege of sending to the Association one delegate for every ten of its regular resident members, and one for every additional fraction of more than half that number; *Provided*, however, that the number of delegates for any particular State, county, city or town shall not exceed the ratio of one in ten of the resident physicians who may have signed the Code of Ethics of the Association."

Members by Application.—Members by application shall consist of such members of the State, County and District Medical Societies entitled to representation in this Association as shall make application in writing to the Treasurer, and accompany said application with a certificate of good standing, signed by the President and Secretary of the Society of which they are members, and the amount of the annual membership fee, five dollars. They shall have their names upon the roll, and have all the rights and privileges accorded to *permanent members*, and shall retain their membership upon the same terms.

The following Resolution was adopted at the Session of 1888:

That in futnre, each delegate or permanent member shall, when he registers, also record the name of the Section, if any, in which he will cast his vote for Section officers.

Secretaries of Medical Societies, as above designated, are earnestly requested to forward, *at once*, lists of their delegates.

Also, that the Permanent Secretary may be enabled to erase from the roll the names of those who have forfeited their membership, the Secretaries are, *by special resolution*, requested to send him, annually, a corrected list of the membership of their respective Societies.

For railroad rates see daily papers.

AMENDMENTS TO THE BY-LAWS.

Offered by Dr. A. L. Gihon, United States Navy:

That the first day of the meeting of this Association shall be on the first Wednesday of May or June respectively, instead of Tuesday.

By Dr. X. C. Scott, Ohio:

That the Committee on State Medicine be abolished, inasmuch as the Section on State Medicine occupies the entire ground.

ADDRESSES.

On General Medicine, by Dr. N. S. Davis, Chicago, Ill.

On General Surgery, by Dr. Samuel Logan, New Orleans, La.

On State Medicine, by Dr. Alfred L. Càrroll, New York, N. Y.

Committee on Arrangements: Dr. Wm. T. Briggs, Nashville, Tenn.

WILLIAM B. ATKINSON,
Permanent Secretary.

SECTIONS.

"The Chairman of each Section shall prepare an address on the recent advancements in the branches belonging to his Section, including suggestions in regard to improvements in methods of work, and present the same to the Section over which he presides on the first day of its annual meeting. The reading of such address not to occupy more than forty minutes."—*By-Laws.*

Practice of Medicine, Materia Medica and Physiology—Dr. J. Musser, Chairman, Philadelphia, Pa.; Dr. H. McColl, Secretary, Lapeer, Mich.

Obstetrics and Diseases of Women—Dr. W. W. Potter, Chairman, Buffalo, N. Y.; Dr. J. Hoffman, Secretary, Philadelphia, Pa.

Surgery and Anatomy—Dr. B. A. Watson, Chairman, Jersey City, N. J.; Dr. J. B. Deaver, Secretary, Philadelphia, Pa.

State Medicine—Dr. J. B. Hamilton, Chairman, Washington, D. C.; Dr. F. S. Bascum, Secretary, Salt Lake City, Utah.

Ophthamology—Dr. S. C. Ayres, Chairman

Cincinnati, Ohio; Dr. E. J. Gardner, Secretary, Chicago, Ill.

Laryngology and Otology—Dr. J. O. Roe, Chairman, New York; Dr. F. H. Potter, Secretary, New York.

Diseases of Children—Dr. Isaac N. Love, Chairman, St. Louis, Mo.; Dr. E. F. Brush, Secretary, New York.

Oral and Dental Surgery—Dr. J. L. Williams, Chairman, Boston, Mass.; Dr. E. S. Talbot, Secretary, Chicago, Ill.

Medical Jurisprudence—Dr. T. B. Evans, Chairman, Baltimore, Md.; Dr. T. D. Crothers, Secretary, Hartford, Ct.

Dermatology and Syphilography— Dr. ——— ———, Chairman, ———; Dr. W. T. Corlett, Secretary, Cleveland, Ohio.

A member desiring to read a paper before a Section should forward the paper, or its *title* and *length* (not to exceed twenty minutes in reading), to the Chairman of the appropriate Section at least one month before the meeting. —*By-Laws.*

We are proud of the Topeka Academy of Medicine and Surgery. It meets the first Tuesday in every month. The membership is about thirty. Twenty-two members were present at the last meeting. The attendance is gradually increasing. The reports at the last meeting, one by Dr. McClintock on a recent case of ovariotomy, and one by Dr. Wall on Stephen's operation on the eye were up to the times—clear, concise, pointed, interesting and instructive. The physicians of the city realize the importance of a good society, and are doing good work. A great deal depends on the officers of a society. This society has been particularly fortunate this year in its selection. The officers should command the respect of the profession as men and as physicians. To Drs. Munn the president and Rodgers the secretary, in a great measure do we attribute the success of the society so far in 1890. Dr. D. C. Jones was one of the founders of this society, and he was evidently highly gratified at the last meeting to see his labors bearing such fruit.

Following we give the conclusions of Dr. Wales L. Cary, on the Weigert Hot Air Treatment of Pulmonary Tuberculosis in the April number of *The Brooklyn Medical Journal:*

First—Comparative pathology and the natural history of pulmonary tuberculosis in man indicate that the most favorable temperature for the *intra-pulmonary* development of its bacillus is much higher than 99.5° F.

Second—Tubercular bacilli, in a favorable soil within an animal organism, are not attenuated nor their development arrested by temperatures which are inimical to them in artificial or non-vitalized culture-media, but even rendered more virulent and more rapidly productive.

Third—Temperatures demanded for effective disinfection or discontinuous sterilization by dry heat are impracticable and injurious to the animal organism.

Fourth—It would appear that Dr. Weigert is mistaken in supposing that the residual air is heated much above 113° F.; and that, in fact, there is but very slight, if any, elevation of the intra-pulmonary temperature. Recent advices from Germany inform us that accurate measurement of the actual elevation of the lung temperature is but ½1° F.

Fifth—If it were possible to produce and maintain, even for a short time, an intra-pulmonary temperature approaching 113°, there would be produced, independent of the effect upon the lung-tissue, grave degenerative changes in the blood and entire cellular elements of the body.

Sixth—At temperatures far short of those claimed, there would be produced an auto-infection and accumulation of excrementitious products, by diminished respiratory capacity, directly deleterious to the organism at large, and indirectly embarrassing to those nutritive activities upon whose integrity all hope of permanent benefit to the consumptive must rest.

Seventh—The factor productive of the benefit arising from the Weigert method is the *dryness*, rather than the heat, of the inspired air; and this desiccating action cannot be obtained except the temperature of the inspired air be as low at the upper as in the deeper parts of the lung. Of further benefit are pulmonary gymnastics, the psychological effect, and possibly in cases a favorable action upon the bacteria in the larger bronchi.

Kansas Medical Society.

REPORT OF THE LOCAL COMMITTEE.

Pursuant to provision of the State Society at its last meeting, the local members of the State and Central Kansas District Medical Societies met Wednesday, March 18, at the office of Dr. Phillips and perfected organization of the Committee of Arrangements for the Annual meeting of the Kansas [State] Medical Society to be held at Salina May 13, 14 and 15.

Committee on Rates and Transportation,—Dr. Wm. A. Phillips, Chairman.

Halls and Entertainment—Dr. A. E. Collins. Chairman.

Printing and Supplies—Dr. A. S. M. Anderson, Chairman.

Reception and Correspondence—Dr. N. D. Tobey, Chairman.

Finance—Dr. G. W. Newman, Chairman.

Inquiry or correspondence should be directed to chairman of proper committee.

On motion it was decided that an effort should be made to encourage more interest in microscopical research, and to this end it was suggested that decided steps should be taken to interest practical microscopists. It is to be hoped that there will be a hearty response. Those having microscopes that they are willing to bring, as well as those having interesting specimens to exhibit, will please communicate with Dr. J. R. Crawford, Assaria, Saline Co., Kansas. who will have charge of arrangements for exhibit.

HOTEL RATES.

National Hotel, centrally located, all modern conveniences, 140 rooms. Rates $2.50 per day. Special rate for State meeting, $2.00 per day. Ed. Wittman, Prop.

Brunswick House, centrally located, 60 rooms. Rate $2.00 per day. Special rate, $1.50 per day. E. J. Mints, proprietor.

Pacific House, corner 9th and Park streets. 60 rooms. Rate, $2.00 per day. Special rate, $1.50 per day. G. W. Green, proprietor.

Monteur House, opposite Union Pacific depot. 34 rooms. Rate $1.00 per day. Special efforts will be made to provide entertainment for delegates. A. Jennings, proprietor.

RAILROADS AND CONNECTIONS.

Salina can readily be reached from any point in the State by the Union Pacific, Atchison, Topeka & Santa Fe, Rock Island and Missouri Pacific railroads, main lines and branches. For rates of fare for the meeting, see article elsewhere. All day trains arrive in time for the evening session on May 13. A more complete schedule can be procured by addressing

WM. A. PHILLIPS, JR.,
Chairman Com. Rates & Transportation.

THE KANSAS MEDICAL JOURNAL is a monthly medical of merit, published at Topeka, in our neighboring Western State, by an editorial committee, consisting of W. L. Schenck, M. D., Osage City, Kas.; J. E. Minney, M. D., Topeka, Kas.; S. G. Stewart, M. D., Topeka, Kas. Besides an interesting number of original papers the editorial department contains an editorial on insane asylums, which indicates that the writer is advancing with the advanced men of the age in psychiatric observation and neurological thought.—*Alienist and Neurologist.*

THE DOCTOR'S EARNINGS.—According to Dr. Jarvis' tables, the average of the lives of physicians is fifty-six years. If you begin practice at twenty-four, your active-life prospect will be thirty-two years, and from a thousand to fifteen hundred dollars will represent your average yearly income. Now, were you (through God's mercy) to practice these thirty-two years without losing a single day, and collect (say) eight dollars every day of the time, you would receive but $93,440. Deduct from that amount your expenses for yourself and your family, your horses, carriages, books, periodicals, and instruments; your taxes, insurance, and a multitude of other items for the whole thirty-two years (11,680 days), and then, so far from being rich—you would have but little, very little, left to support you after you naturally reach the down-hill of life, or are broken down in health, and faculties deteriorated, and in need of a physician yourself, through worry, anxiety, and fatigue, in the discharge of your duty.

AMONG the happy callers at the JOURNAL office last month were Dr. R. J. C. Dodds, of Denison, Kas., and Dr. C. C. Seabrook, of Burlingame, Kas.

What Shall the Subject be?

When a physician is requested to furnish an article for a medical journal or a paper for his society his first thought is, "What shall I write about?" For the time being every topic appears to furnish an equally unsatisfactory nucleus about which to gather his ideas. No matter how facile a writer he may be on some subject which has occupied his mind in the past, he is at a stand-still and any literary production forced from him at the time will have an unnatural and strained style, difficult to read, and generally unsatisfactory to all concerned. This difficulty in selecting a subject may be obviated in several ways. If, as secretary, you wish to obtain the title of the paper in a few moments sit down with your intended victim and talk to him on these medical topics which lie nearest your own heart or describe to him some interesting case in practice; the chances are ten to one that you will hardly finish your first case before your friend begins to describe his case or unfold his theory, which, committed to paper is the article desired. If, however, you yourself are the victim and are bewildered by lack of interest in any special subjects or by the multitude of interests, wait a few days, keeping in mind the choice to be made. If you come across a case you fail to comprehend or find yourself forgetting certain data, physiological or pathological, jot down the facts and after due study write out your conclusions as fully as possible. The chances are that your neighbors have also been puzzled by similar cases, or like you have forgotten or never comprehended the same subject and you help others while you help yourself.

In the days of many books and more journals it is not easy for one to contribute original views. As the preacher says, "there is no new thing under the sun. Is there anything whereof it may be said, see, this is new? It hath been already of old time, which was before us." But the old idea presented with a new dress is attractive. It is not always the one who tells some new thing that instructs us most, but he who makes us think; nor is it always the one who reads the most finished article who benefits the society but the one who provokes discussion. Any man that can talk can describe a case, it has been shown how he may obtain a subject, and he is often acting selfishly toward his confreres when he declines to do his share of work in society meetings, or fails to record the results of his observations for the benefit of posterity.

AMONG the physicians present at the Bi-ennial Convention of the Jewish Theological Seminary Association, held last Sunday, in New York, were Dr. Cyrus Adler, of Johns-Hopkin's University, Drs. S. Movails and S. Salis Cohen, of Philadelphia, and Drs. A. Friendenwald and H. W. Schueberger, of Baltimore.—*Times and Register.*

THE *London Medical Recorder* recently cited a case which illustrates the validity of the much boomed Pasteurian performance. A man was bitten in 1887 by a dog which was killed, an autopsy held and the animal pronounced to be rabietic. The man had the wounds cauterized with silver nitrate, and then went to Pasteur's Institute, where he was treated and later discharged as cured. Two years later, Dr. Desquin was called to see the man, and found he had symptoms of hydrophobia, from which he died two days later. Did he die from the dog bite, from Pasteur's inoculation, or from scare at Dr. Desquin's diagnosis?—*Medical Standard.*

Symmetrical Education.

The annual meeting of the American association for the advancement of physical education was held in Boston the fourth of this month. At the close of the meeting there were gymnastic exercises at Mechanic's hall in which six hundred pupils of both sexes, from various schools and gymnasia in and around Boston participated. The program consisted of dumb-bell and club-swinging, Swedish gymnastics with and without apparatus, hoop and wand exercises, chest weight and horizontal-bar exercises, tumbling, posturing, pyramids, parallel bar, vaulting horse and Roman ladder exercises. The exhibition was very entertaining and instructive, showing how under proper supervision school children

can be developed symmetrically, the physical system keeping pace with the mental. This meeting furnished one more opportunity for the optimist to say "I told you so," and gratifies all humanity-loving people by the spectacle of a generation bidding fair to excel their parents in full, rounded, evenly balanced manhood and womanhood. The West is competing with the East in introducing in our schools, physical exercise, lectures, practical work in laboratories and museums, in the field and in the cabinet which will result in more manly and womanly graduates, more practical and valuable members of society than were dreamed of by the educators of thirty years ago.

Let the good work go on. The human race as a whole is improving in spite of the weakness and degradation so fully shown up in the daily press, and the reformation is largely due to the philanthropic physician.

THE Salina physicians are preparing for microscopical work and a display during the State Medical Society meeting. Physicians having microscopes, histological or pathological specimens are earnestly requested to bring them to the meeting. They will be properly cared for by Dr. Crawford, who has charge of the matter.

COMMITTEE OF ARRANGEMENTS OF THE STATE MEDICAL SOCIETY.—Dr. G. W. Newman, of Salina, is chairman of the local committee of arrangements. The balance of the committee consists of the local physicians of Salina, who are members of the Central District Medical society.

THE American Medical Association meets in Nashville, Tenn., May 20, and will continue in session four days. The association of medical editors meets on the 19th. Local societies in affilliation with the State medical society are entitled to one delegate for every ten members or fractional part thereof.

DR. R. W. HARRIS of Ames, Kas., one of the bright young M. D's. of Northwest Kansas, has removed to Albany, Ind. We admire his pluck in seeking larger fields, but regret our loss.

DR. VANEMAN of Kansas City, Mo., on behalf of the State Medical society of Missouri, at the meeting of the Eastern Kansas District Medical Society, held in Topeka, April 8, 1890, extended a pressing invitation to the physicians of Kansas, to attend the next annual meeting of that society, to be held at Excelsior Springs, May 6, 7 and 8, 1890.

THE Wichita Medical College has terminated one year of its college life and is very well satisfied with its beginning. Owing to unavoidable delays the session last year begun a month too late, but another year the session will begin on time and everything promises success.

THE body of a child who died of diphtheria in Chicago, was sent in a sealed casket to Zanesville, Ohio, for burial. The parents of the child opened the coffin and held a public funeral at which many children were present, and soon after twenty-seven were taken down with the disease, and nineteen have died already. Some one ought to be held responsible for this reckless, foolish exposure of children to the poison of malignant diphtheria.

DR. W. A. PHILIPS of Salina, one of the stockholders of this JOURNAL, attended the annual meeting of the stockholders and was elected a director, of whom there are eight, and also associate editor for Central Kansas. The doctor is one of the leading physicians in Kansas, and our readers may expect to hear from him often and profitably.

A DEATH from cocaine is reported by Simes in *Gaz. degli Ospitali*, a gramme of a 20 per cent. solution of cocaine was injected into the urethra of a man twenty-eight years of age preparatory to doing an internal urethrotomy. Immediately poisoning came on and the man died in about twenty minutes.

THE Kansas City Dental College held its eighth annual commencement in the Y. M. C. A. Hall March 12. Sixteen graduates—whole number enrolled seventy-three. The college closed a very successful year.

Program of State Medical Society.

First—Address by the president, C.C. Green, M. D., Topeka.

Second—"The American Academy of Medicine," by W. D. Bidwell, M. D., Leavenworth.

Third—"Crime, Its Physiology and Pathogenesis, and what Medical Men can do for its Prevention," by R. E. McVey, M. D., Topeka.

Fourth—"Ununited Fractures and their Treatment," by K. F. Purdy, M. D., Wichita.

Fifth—"Dilatation of the Cervical Canal for the Permanent cure of Dysmenorrhœa and Sterility, with cases," by F. F. Dickman, M. D., Fort Scott.

Sixth—"The Relation of Formative Matter to Disease," by J. S. Foote, M. D., Wichita.

Seventh—"The Management of Surgical Injuries of the Abdomen," by A. H. Cordier, M. D., of McPherson.

Eighth—"Pott's Fracture," by L. J. Lyman, M. D., of Manhattan.

Ninth—"Recent Advances in Ophthalmology," by D. F. Longenecker, M. D., Emporia.

Tenth—"Report of a case in Surgery with Remarks," by J. C. McClintock, M. D., Topeka.

Eleventh—"Climatology in the Treatment of Phthisis," by J. A. Lane, M. D., Leavenworth.

Twelfth—"Report on Cerebro-Spinal Meningitis," by C. H. Shriner, M. D., Galena.

Thirteenth—"New Remedies," by John M. Scott, M. D., Holton.

Fourteenth—"Suppurative Hepatitis, with Report of Cases," by A. B. Peters, M. D., Mankato.

Fifteenth—"Intussusception," by W. L. Schenck, M. D., Osage City.

Sixteenth—"Treatment of Puerperal Fever" by W. G. Hope, M. D., Lanexa, Kas.

Seventeenth—"Albuminuria and some of the Results of its Neglects," by C. W. Ewing, M. D., Edgerton, Kas.

Eighteenth—"Neurasthenia," by W. S. Lindsay, M. D., Topeka, Kas.

Nineteenth—"Hypertrophy of the Lateral Walls of the Pharynx," by Hal Foster, A. B. M. D., Kansas City, Mo.

Twentieth—"Advances of Orthopædic Surgery," by J. P. Lewis, M. D., Topeka.

These papers have been promised upon personal solicitation by the secretary and can be depended upon. Others have been written to but have not had time to answer. There will be time for volunteer papers, reports of cases, etc. Railroad rates have been secured, (see article elsewhere.) Hotel accommodations ample—one hotel can accommodate one hundred guests. There are several hotels, besides boarding houses. As before remarked, a more beautiful section of country has not been made. Let us all go to Salina May 13 and 14, 1890.

C. C. GREEN, Pres.
J. E. MINNEY, Sec'y.

Stockholders Meeting.

The annual meeting of the stockholders of the KANSAS MEDICAL JOURNAL company was held in the office of the business manager, Dr. W. E. McVey, 723 Kansas avenue, March 27, 1890. The following stockholders were elected directors for the ensuing year:

Drs. W. D. Bidwell of Leavenworth, W. A. Phillips, of Salina, S. G. Stewart, W. S. Lindsay, M. B. Ward, Theodore W. Peers, D. F. Rodgers and J. E. Minney of Topeka.

Officers of the directors—Dr. Bidwell, president; Dr. Ward, vice president; Dr. Rodgers, secretary; Dr. W. E. McVey, business manager; and Dr. Lindsay, treasurer; and assistant business manager.

Dr. Minney was elected editor-in-chief, and Drs. Schenck and Stewart, assistant editors.

Associate editors—Dr. Bidwell for the Eastern Kansas District Medical society, and the Leavenworth City society. Dr. Phillips for the Central Kansas District and Dr. Sawhill for the Republican Valley Medical societies. Dr. Peers for the Topeka Academy of Medicine and Surgery. The editor-in-chief was instructed to appoint associate editors when he could do so to the advantage of the JOURNAL.

The meeting was a pleasant one and the financial condition of the JOURNAL encouraging, it being free of debt.

Dr. S. R. MILLEN, of Clarinda, Iowa, one of the JOURNAL'S subscribers, has invented an invalid's bed. He will be pleased to send circulars to those desiring further information.

About Our Journal.

THE KANSAS MEDICAL JOURNAL has reached and passed its first mile stone in the journey of life. Like all births it was accompanied with the usual amount of anxiety and suffering, despite the directions of Dr. Mitchell, found in this number of the JOURNAL, had been carefully followed out. But it is alive, vigorous, and growing nicely, owing to the food supply which has been furnished by the brains of the Kansas physicians in the main. An occasional savory dish has been served up by our neighbors, and the exchanges all are a constant source of information and pleasure. In the twelve numbers, four hundred and fifty pages of reading matter have been furnished to our readers, or thirty-seven and one-half pages in each number. From one-half to three-fourths of each number has been original matter, in the ordinary sense of original. The JOURNAL has, in a measure, been an epitome of the standing of the practitioners of the state.

The physicians are learning that the sentiment expressed in our salutatory is being carried out in spirit and letter. They are anxious to see the JOURNAL prosper, and cooperate with us as brethren should, not only in brain work but in U. S. currency. It makes us very happy to hear them calling it our, (meaning their) JOURNAL, which it is.

While we desire to make the JOURNAL self-sustaining, yet it was not a financial scheme in any sense of the word. As has been remarked of it, there is no clique or faction for which it works. It is entirely untrammeled. Its purpose is to subserve the best interests of the profession in Kansas, and by so doing benefit medicine in general.

Journalism is a profession of itself, and has to be learned. With experience we are enabled to better our work. Typographical errors from omission in proof reading, and printers unacquainted with medical language, have occurred too often—but experience and effort will, in a great measure, remedy this fault. To authors of papers this is very annoying, as well as to the editor; but credit will always be given by the man whose opinion we value, to the thought contained in the paper. Its true merit will be seen and rewarded.

We begin this, our second year of JOURNAL life, with everything seemingly in our favor. Unity prevails in our JOURNAL household. In our state peace and good will among the brethren prevail.

The various medical societies vie with each other in friendly strife for the prize.

There are more district, county and city medical societies in Kansas to-day than ever before in her history. Their success is the JOURNAL'S success. The physicians of the state are the fountain, the JOURNAL is what flows from it.

Depending then upon the brethren, and the energy and ability of the JOURNAL staff, we launch off into the second year of journalistic life.

"A bill to repeal the statute requiring the preliminary education of medical students has already passed to its third reading in the New York Legislature. This repeal is called for by Dr. Austin Flint and others in the interests of certain colleges on the ground that a large portion of the medical students graduated in the medical colleges of this country are from New York colleges; that the students spend here over a million dollars every winter, and that the act requiring a preliminary examination drives students to colleges out of the State, and should therefore be abolished."

We bow our heads in shame when we read the above, to think that our great Empire State should be the first to lead off in this direction—a State to which we have been taught to look as our peer in educational matters.

We are opposed to any move which in any way has a tendency to lower the standard of education, medical, literary or otherwise. The above law already had given promise of excellent results, and now to ask its repeal simply because there is a possibility of diminishing the funds in college treasuries, is mercenary in the extreme.

WHILE in St. Joseph recently we had the pleasure of meeting our friend Dr. Bransford Lewis of the *Weekly Medical Review* of St. Louis. He was for six years first assistant surgeon in the St. Louis City hospital. He is a young man, a good physician and a live journalist.

SOCIETY PROCEEDINGS.

Republican Valley District Medical Society.

The Republican Valley District Medical Society met in Dr. Letourneau's office, Concordia, Kan., April 3, 1890.

Present, Dr. J. H. Brierly, of Glasco, president; Dr. W. F. Sawhill, of Concordia, secretary; Drs. L. R. White, of Scandia, J. A. Jeannotte, A. G. Sexton and C. F. Leslie of Clyde, Grant Cullimore of Atchison, C. M. Arbuthnot of Belleville, Geo. F. Beatty of Miltonvale, S. C. Pigman, J. H. McCasey. N. Udell, W. R Priest of Concordia, L. H. Munn, G. A. Wall, J. C. McClintock and J. E. Minney of Topeka.

The minutes of the last meeting were read and approved.

The following physicians were elected to membership in the society, viz.: Dr. Grant Cullimore of Atchison, Dr. C. M. Arbuthnot of Belleville, Dr. C. F. Leslie of Clyde, and Drs. G. A. Wall, L. H. Munn, J. C. McClintock and J. E. Minney of Topeka.

"Does the Practice of Medicine Pay?" was the subject of the retiring president's (Dr. Brierly) address, found in this number of the JOURNAL.

The following were elected officers for the ensuing year: Dr. J. A. Jeannotte, president; Dr. McCasey, first, and Dr. L. R. White, second vice president; Dr. S. C. Pigman, secretary; and Dr. A. Letourneau treasurer.

The secretary was authorized to issue credentials to members who wished to attend as delegates, the American Medical Association, which meets in Nashville, Tenn., May 20, 1890.

Dr. White presented a report on Pneumonia, see page 461.

DISCUSSION.

Dr. Leslie—Is there any difference in pneumonia here and in the Atlantic Eastern seaboard States? I think there is a greater fatality in the east.

Dr. Pigman—Large doses of quinine, morphine and whisky are contraindicated in pneumonia. In the early stages I prefer digitalis to aconite. Pneumonia is not so fatal here as in the eastern States.

Dr. Pigman—Is phthisis a sequelæ of pneumonia? I have had some cases in which the lung broke down and cavities were formed.

Dr. McCasey—Read a paper on "Pneumonia," see page 458.

Dr Sawhill—The fatality of pneumonia here is greater than the remarks of the gentlemen would lead us to believe. A number of fatal cases have occurred in this community during the past year.

Dr. McCasey reported a case of pneumonia in a plethoric man in which he drew ten ounces of blood, and the temperature was reduced two degrees and the pulse fifteen beats in two hours. This treatment was followed by aconite and antipyrin. The doctor thought there were more deaths from pneumonia last year than this year with the la-grippe.

Dr. Leslie favored a large dose of calomel followed by a large dose of quinine, in the early stages of pneumonia.

Dr. Priest—I use chloroform inhalations in the first stage of pneumonia. If that fails to give relief, I use pilocarpine. The chloroform gives temporary relief and shortens the inflammatory process, I think, in some cases.

The report was received,

Dr. Jeannotte reported two cases of fracture of the cervical vertebra, presenting one specimen. The report will be published in the next issue of the JOURNAL.

Dr. Cullimore read a paper on otorrhœa as a sequelæ of the exanthematous diseases, which will be published, together with the discussion, in the next number.

Dr. W. F. Sawhill reported a case of bilious calculi cured by drachm doses of phosphate of soda three times a day for two weeks.

The society adjourned to meet in Concordia the first Thursday in July, 1890.

W. F. SAWHILL, Secretary.

Missouri Valley Medical Society.

The Medical Society of the Missouri Valley convened in the city of St. Joseph, March 20 and 21, 1890. This association was organized a little over a year ago in Council Bluffs, and now numbers over two hundred members. The membership is made up of the profession of the States bordering on the Missouri river.

If its rapid growth be a favorable omen, we predict for the society a prosperous future.

Dr. J. H. Emmert, of Atlantic, Iowa, president, the successor of Dr. Donald McRae, of Council Bluffs, the father of the society. In the absence of the secretary, Dr. James Carter of Grand Island, Nebraska, who was detained by serious sickness in his family, Dr. Jacob Geiger, of St. Joseph, was chosen secretary *pro tem.*

The sessions were held in the court rooms of the county. Three sessions were held on Thursday and one on Friday. Some able papers were read and well discussed, among which were the following: "Suprapubic Lithotomy," Dr. Lewis Schooler, of Des Moines, Iowa; "Ether as an Anæsthetic," by Dr. J. M. Richmond of St. Joseph, (see paper and discussion in this number of the JOURNAL); "Sexual Neurasthenia, with especial reference to Rational Treatment," by Dr. Bransford Lewis of St. Louis, editor of the *Weekly Medical Review;* "Chronic Catarrh of the Cervix Uteri and Cervical Canal," by Dr. H. C. Crowell of Kansas City, Mo.. "Trachoma," by Dr. Barton Pitts, of St. Joseph, Mo.; "Uses and Contraindications of Cocaine in Ophthalmic Practice" by Dr. Gifford of Omaha.

Thursday night we were royally banquetted by the St. Joseph physicians. The guests numbered about one hundred, comprising some of the leading physicians of the West. Toasts were responded to by President Emmert, Drs. McClintock of Topeka, Donald McCrae of Council Bluffs, Crowell and Tyree of Kansas City, Schooler of Des Moines, Bransford Lewis of St. Louis, until the "wee sma' hours beyan' the twa'l" began to dawn, when we rolled off to our couches to sleep.

Nine o'clock next morning we were given a beautiful drive over the city to see the sights.

Dr. A. L. Fulton, of Kansas City, Mo., editor of the Kansas City *Medical Record,* was present.

We came away fully convinced that the hospitality of Missouri is no longer a proverbial myth but a substantial reality.

The convention adjourned to meet in Council Bluffs in September.

We are sorry we are unable to publish a full list of the members present; a list promised us by the secretary *pro tem,* by an oversight has failed to reach us.

Academy of Medicine and Surgery.

At the hall of the Topeka Academy of Medicine and Surgery April 1, 1890, the academy met in regular session.

The members present were Drs. Minney, Wall, McGuire, Lindsay, Green, Stewart, Jones, McClintock, W. E. McVey, Alexander, Plummer, Ward, Munn, Rodgers, Teft, Donaldson, Longshore and Lewis. Visitors, Drs. Cooper and Bradley, Mrs. Anna Henshaw and Mr. Gilbert, medical students, and Revs. Ray and Smith.

By a unanimous vote the rules were suspended and Rev. Ray read the following communication from the ministerial union:

At a meeting of the Ministeral Union of Topeka, March 17, 1880, the following paper was adopted, and the Rev. Messrs. Ray, Blakesley and Smith were appointed a committee to present it before the medical societies of this vicinity:

WHEREAS, At funerals in this city officiating ministers, bearers and male relatives and friends are accustomed to show their sympathy and respect by uncovered heads while passing between the house or church and the carriages, and while standing about the grave during the interment services; and

WHEREAS, Christ is "Lord of the body also;" and our bodies being his, should not be exposed to injury without sufficient reason; and self-injury is not a Christian but a pagan mode of showing sorrow, sympathy or respect: and as we protest against Hindoo widows exhibiting sorrow by offering themselves in suttee on the burning pyres of their deceased husbands, so we should protest against customs, however ancient or universal, which may produce needless disease or suffering; therefore

Resolved, That we respectfully request the medical societies of this vicinity to express officially their views as to the safety or danger of the custom of exposing the uncovered head in unfavorable weather at funeral services, that this ministerial union may have authoritative scientific knowledge to guide it in deciding whether to approve or protest against the custom mentioned; and

Resolved, That a committee of three be ap-

pointed to present this paper before the medical societies of this vicinity.

A true copy.

Attest: NEIL D. JOHNSON.
Secretary.

In order to give the matter the consideration which its importance deserves, a committee of three, consisting of Drs. Minney, Stewart and Jones, were appointed to report as soon as convenient. To show their appreciation of the movement the society voted unanimously that "the sentiment expressed in the communication be endorsed as the sentiments of the society."

The board of censors reported favorably on the application for membership of Drs. D. R. Pelton and J. B. Hibben. By vote the secretary was instructed to cast a ballot for the above named applicants.

Charles C. Bradley Medical Department University, of Iowa, 1890, F. W. Bailey, Starling Medical College, Columbus, O., 1882, R. S. Magee, Kansas City Medical College, 1890, made applications for membership.

Dr. J. C. McClintock, reported a case of removal of the ovaries and appendages, by request. The case reported was familiar to the medical world as it had been treated by leading men in foreign countries as well as at home. Patient began menstruating at the age of fourteen, and at each menstrual period suffered severe pain before and during the flow, the pain before menstruating suggesting some ovarian disease. At the age of fifteen a severe coxalgia developed lasting two years and which has returned at different periods to the present time. She was first treated by Sir James Simpson, afterwards by such men as Cruveillier, Bischof, Liebermeister and Veit. After coming to this country she was treated by Engleman, who was the first to diagnose the ovarian trouble, and recommended the radical operation which was refused. She next appeared in New York and was treated by Drs. Lusk and Thomas. In Chicago she was treated by Drs. Jenks and Ludlam. In St. Paul by Dr. Stone. Drs. Engleman, Ludlam and Stone, were the only ones to suggest ovarian disease. She was treated for various supposed diseases in a varied manner and finally the cervix was amputated, followed by cellulitis, since which time pus has discharged at intervals through the uterus until the present. The patient came under the care of Dr. McClintock in October, 1888, and up to January 1, 1890, had five or six attacks of peritonitis. After much time and constant observations the doctor diagnosed suppuration of the fallopian tubes and advised an operation, which was at last consented to, and performed in the usual way, due precaution as to antisepsis being observed. He was assisted in the operation by Drs. Lindsay and Stewart of Topeka, and Dr. Crowell of Kansas City. The patient recovered from the operation without shock and did well for two or three weeks, and was able to walk about the room, but about the fourth week developed an inflammation of the femoral artery, supposed at first to be a phlebitis, as she said she had had phlebitis following operations before. The arteritis will probably keep her in bed for some time. The reason the doctor gave for operating so near the probable period of the menopause was one given by Dr. Gill Wylie, of New York; that frequently in those cases the menopause was delayed and there was more danger in waiting than in operating.

DISCUSSION.

Dr. Ward thought the operation was nicely done and demanded.

Dr. Lewis thought the case interesting from the circuitous route it had taken among eminent men. The question is were these men mistaken? Might it not have been caused by the various operations on the cervix? Could it be that she had salpingitis from the age of fifteen?

Dr. McGuire asked in regard to the two operations, Battey's and Tait's. and thought we should as a matter of patriotism call it Battey's. Complimented Dr. McClintock. Referred to the similarity of the names and was sorry he had not the honor of the operation.

Dr. Jones had not heard of the case before. He thought it of much interest and somewhat obscure. His experience is that the disease is more liable to extend from the uterus, than from the tubes down.

Dr. Green spoke of the present status of the antiseptic part of the operation. Thinks there was an ovaritis in the beginning.

Dr. Lewis spoke of operations of this kind

being done for several years without the use of antiseptic solutions with the best results.

Dr. Jones said the best operators used antiseptic solutions. He was inclined to think the time had not come for abandoning them. He would use sublimate solutions where he was going to operate in the abdominal cavity.

Dr. Ward said he had not thought of saying anything, but when a fire brand like the above was thrown out, he felt like saying something. He denies that antiseptic solutions, such as carbolic acid and corrosive sublimate were used by the best operators at the present time. Said nothing was used in the abdominal operations but pure distilled or boiled water. Had not the time to give a minute detail of the technique of the operations, but at some future time we should hear from him. Thought the use of water alone not an old custom but very recent. In regard to this case he thought the eminent men who had treated the lady did make a mistake in diagnosis.

Dr. Stewart spoke of a remark made by Dr. Dunlap in the early days of abdominal sections "that he was afraid of a blood clot being left in the abdominal cavity," so he mopped out the abdomen with pure water. After the operation fifteen or twenty days the patient began to decline and died on the twenty-fifth day, death being caused as he thought by the excessive flow of urine. This, Dunlap thought was an effort of nature to get rid of the serum. Spoke of the excessive flow of urine in fifteen days in the case reported by Dr. McClintock, and on examination, the urine was found to be diabetic. Diabetes, he thought was the cause of death in Dr. Dunlap's case, and that patients operated upon frequently die in this way.

Dr. McClintock in closing said that he did not know the cause of the salpingitis in this case. The most frequent cause is abortion. Other causes, use of instruments, intrauterine applications, passing sound, &c. He is inclined to favor antiseptics, but would rather keep them out of the abdominal cavity. Cases of cellulitis are almost always cases of salpingitis. Spoke of a case where the patient operated upon in the ischio-rectal region passed enormous quantities of diabetic urine, perhaps a gallon per diem. The patient whose case was reported to-night passed from four to six pints of urine a day for some time.

Dr. Wall read a paper entitled "Remarks on Steven's Operation," which see on page 466 in this number of the JOURNAL.

DISCUSSION.

Dr. Minney had heard Dr. Stevens report at Cincinnati and at Newport, and thought the doctor was over sanguine. The commission appointed by the New York Neurological society did not confirm the claim of Dr. Stevens. In the majority of cases glasses will accomplish what Dr. Stevens claims. There are some cases of nervousness benefitted by an operation and it is a curative agent when an equilibrium is secured.

Dr. Stewart—I have some faith in it but do not think we should expect too much from it. We should not expect to cure epilepsy and all other nervous disorders by it. Reported a case of epilepsy seemingly caused by a defect of vision operated upon by Dr. Ranney with great benefit. It is one of the means to an end. The main point is in the diagnosis.

Dr. Lindsay—The operation is one that has a bright future. It will do much to clear up the diagnosis now classed as neurasthenia.

Dr. McGuire has known of six cases operated upon by Dr. Stevens. Two of the cases received no benefit. Knew of the case reported by Dr. Minney which had been operated upon by Dr. Stevens with seeming benefit, but it is difficult to say how much the operation had to do with present improved condition as she has learned to take better care of herself and avoids those things that used to bring on her bad symptoms.

Dr. Minney—The object of the operation is to established perfect ocular parallelism or equilibrium. This cannot be secured, and hence the practical difficulty. In many of the cases the operation acts on the mind as a placebo.

Dr. Wall said in closing, that most of the cases operated upon had already used glasses and had failed in getting entire relief. Thinks the operation gives relief. Says that it is claimed that Dr. Stevens aims to exact parallelism but he has not found that statement in any of his writings. He thought the report of the

commission appointed to investigate the benefits of the operation should not be relied upon. It was a put up job. They reported before the time was up.

Dr. W. E. McVey and D. K. Longshore promised papers for the next meeting. Adjourned.

D. F. RODGERS, M. D.,
Secretary.

The Leavenworth Medical Society.

The Leavenworth Medical Society held its regular monthly meeting at Dr. Walter's office, March 31, Dr. Phillips, the president, in the chair. Dr. Bidwell read a paper on "Phthisis," which is published in this number of the JOURNAL. The discussion of the paper was very free. Dr. Carpenter inquired what advantages were to be gained by quartering cows in the same building with consumptives, and was of the opinion that such association was to be avoided for the reasons given in the paper. Dr. McNary stated that phthisis was destroying the Indian tribes very rapidly, yet they were a people who lived largely in open air. Dr. Walter replied to this that the present condition of the Indian is much worse than formerly from an hygienic standpoint. Thirty years ago the tribes were continually roving and engaged most of the time in active outdoor life, now they live for months in one locality, and their provision for the disposal of camp refuse and excrement being of the most unsatisfactory nature, they are exposed to unhygienic influences which debilitate the system and when phthisis exists, to infection and reinfection. Drs. Moates, Neely and Sharp spoke of the frequency of consumption among colored people, particularly mulattoes and quadroons, while Dr. Phillips was of the opinion that there were more cases among full blooded negroes. Dr. Bidwell described one of the sanitaria for consumptives in Germany, where patients are kept in the air and sun-light as much as possible, their exercise kept within the limit of fatigue, and are fed frequently, abundantly and with the most nourishing food.

Society adjourned to meet in Dr. Carpenter's office, April 28.

W. D. BIDWELL, M. D.,
Secretary.

Eastern Kansas District Medical Society.

The tenth annual meeting of the Eastern Kansas District Medical Society, convened in Lincoln Post hall, Tuesday, April 8, at 3 o'clock, p. m., J. P. Lewis, M. D., in the chair.

There were present Drs. J. H. Van Eman, Kansas City, Mo.; W. J. Van Eman, W. D. Bidwell, J. A. Lane, of Leavenworth; L. L. Terwilliger, Lansing; I. D. Burdick, Carbondale; J. C. McClintock, W. E. McVey, M. R. Mitchell, S. E. Sheldon, L. H. Munn, Theo. W. Peers, W. S. Lindsay, J. E. Minney, D. F. Rodgers, G. A. Wall, R. E. McVey, J. P. Lewis, M.B.Ward, J.W. Donaldson, of Topeka.

Drs. J. T. Scott, Holton; T. Reynolds, Horton; W. S.Packard, Burlingame; M. H. Cazier, D. R. Pelton, C. C. Green, R. S. Magee, of Topeka, were present and elected to membership.

The following officers were elected for the ensuing year:

President—M. B. Ward, Topeka.
Vice President—G. A. Wall, Topeka.
Treasurer—L. L. Terwilliger, Lansing.
Secretary—W. D. Bidwell, Leavenworth.

Dr. J. T. Scott read a paper on the "Recent Advancements in the Treatment of Abdominal Surgeries." The Doctor reported an interesting case in his practice, to illustrate his subject. He demonstrated how difficult it often is to diagnose the extent of the lesion, and recommended opening the abdomen under most careful antiseptic precautions where the injury indicates a fatal termination if left to nature.

Dr. Burdick opened the discussion. He said surgeons are not entitled to the name unless they can do abdominal surgery successfully. In gunshot wounds we are justified in opening the abdomen.

Dr. Sheldon was pleased with the paper, but thought abdominal surgery still in its infancy. The results from interference in penetrating wounds of the abdomen are not satisfactory. A more thorough acquaintance with methods is necessary in order to reduce the mortality.

Dr. Terwilliger thought the least interference in these cases the better.

Dr. Munn said the views of Drs. Sheldon

and Terwilliger were at variance with modern surgical science.

Dr. J. H. Van Eman thought no one should operate on a case of traumatic injury when there is shock. Unless there are indications of hemorrhage or perforation of the intestine, no operation is required. Does not believe in operating in typhoid fever. Abscess of the abdominal cavity should always be opened. Thinks laparotomy may be justified in cases of painful menstruation, or convulsions. Operate for removal of appendages in cases of profuse and persistent hemorrhage from the uterus, when all other means have failed. Peritonitis is another class of cases where abdominal section is justifiable. Can never tell what will be found in small tumors of the pelvis until you get inside. In cases of intussusception an operation is always demanded.

Dr. T. Reynolds reported an interesting case in which abdominal section revealed a mistaken diagnosis.

Dr. Green thinks we are more guilty of omission than commission. Nature is a good surgeon, but often nature is left to do too much.

Dr. Sheldon said indiscriminate abdominal surgery should be condemned.

Dr. Scott, in closing the discussion, said he had seen deaths from wounds of the abdomen when operations might have saved life.

Dr. Mitchell read a paper on "Preparation for Motherhood," which is published in this (May,) number of the JOURNAL.

Dr. J. H. Van Eman said it is, after all, the "survival of the fittest."

Dr. Bidwell said much blame is attached to the habits of the more wealthy classes, which he thinks is rather unjust, as they are improving their manner of dress and way of living in a very creditable degree.

Dr. Burdick thinks the poor classes are more subject to menstrual troubles.

Dr. W. J. Van Eman thinks we are quite mistaken regarding the suffering among the savages. They show signs of great suffering, if their dilapidated appearance means anything.

Dr. Peers thinks one special cause of great suffering in child-birth, is the mixing of the races.

Dr. McClintock said his experience with Jewish women was contrary to the idea advanced by Dr. Peers.

Dr. Terwilliger reported a case of fractured patella successfully treated by the application of a figure-of-eight bandage. The dressing was applied within fifteen minutes after the injury, and retained seven weeks.

Dr. Munn reported a case of fractured patella into three pieces, treated by figure-of-eight bandage first, later by inclined splint. There was ligamentous union with separation one-half-inch, but an anchylosed knee-joint.

Dr. Rodgers thought Dr. Terwilliger's method was better.

Dr. Sheldon reported a case in his practice, in which he had perfect union by the use of sole-leather splints.

Dr. Peers described a drill with screw and nut attachment, used by Dr. T. G. Morton of Philadelphia, giving good results.

Dr. Packard reported a case of fracture of the same patella the third time, and cured by the use of an elastic ligature made by moleskin plaster and elastic straps.

Dr. Bidwell described a splint used with pins, on which were bound strips of plaster, one running above the other below the plates.

Dr. Munn reported a case of a man 51 years old, struck on tibia by kick of horse, causing fracture of tibia in lower third, and dislocation of tibia backwards; asking for treatment.

Dr. J. H. Van Eman advised Bavarian dressing.

Dr. Rodgers advised the use of rubber dressing and application of cold.

Dr. Lewis introduced the subject of headache in school children.

Dr. Wall thought that errors of refraction the most frequent cause.

Dr. Van Eman, (J. H.) agreed with Dr. Wall, and thought better hygiene methods should be inaugurated in our schools.

Dr. Minney thought the construction of the school-house was the cause of many of the errors of refraction.

Adjourned to meet in Leavenworth second Tuesday in July.

M. B. WARD, M. D.
Secretary.

READ our advertising pages.

BOOK REVIEWS.

"A NEW MEDICAL DICTIONARY." Including all the Words and Phrases used in Medicine, with their proper Pronunciation and Definitions, based on recent Medical Literature. By GEORGE M. GOULD, B. A., M. D., Ophthalmic Surgeon to the Philadelphia Hospital, &c. With Tables of the Bacilli, Micrococci, Leucomaïnes, Ptomaïnes, &c., of the Arteries, Muscles, Nerves, Ganglia and Plexuses; Mineral Springs of U. S., Vital Statistics, &c. Small octavo, 520 pages. Half Dark Leather, $3 25; Half Morocco, Thumb Index, $4 25. Philadelphia: P. Blakiston, Son & Co.

A compact, concise vocabulary; printed upon handsome paper; elegantly bound; showing superior workmanship in every detail. Such a work as this, covering as it does the creations in words and phrases, thousands in number, of the past ten years should, and undoubtedly will, be received with open arms by the profession.

In describing the work we can do no better than to reprint from its announcement the following points which it was found necessary to observe, in their effort to make it, as it certainly is, scientific and practical:

1. To include all useful, and exclude all useless, words.

2. To make all definitions as compact and short as was consistent with clearness and adequate comprehension.

3. By logical association and abundant cross-references, to make it easy to find a word or term.

4. To aid comprehension of a subject by keeping, so far as wise and best, such words and phrases together as were logically bound up with each other.

5. To aid practical men by including in order all official, and the most used officinal articles of the materia medica, together with all preparations of the same, and the maximum and minimum dosage of each.

6. To tabulate in alphabetical order, large groupings of facts, and in such a manner that a quick and thorough recognition of the bearings and relations of each and of the whole are readily seen. The tables of bacteria, leucomaïnes, ptomaïnes; of muscles, nerves, arteries, ganglia, plexuses; of abbreviations, prefixes and suffixes used in medicine; of comparison of thermometers; of weights and measures, mineral springs, vital statistics, &c., will prove very serviceable, and are not to be found in any other work of the kind.

7. To make all definitions and classifications reflect the latest scholarship. This was effected by means of direct compilation from the most authoritative and recent text-books in each special and general department of medicine.

8. To give the work, so far as its scope would allow, a broad usefulness by furnishing, beside the definition, accessory information germane to the word or subject, such as the tabular matter, preparations, effects, uses and dosage of drugs, tests in urinalysis, etc.

W. E. M.

"THE INTERNATIONAL MEDICAL ANNUAL AND PRACTITIONER'S INDEX FOR 1890." Edited by P. W. Williams, M. D., Secretary of staff, assisted by a corps of thirty-six collaborators—European and American—specialists in their several departments. 600 octavo pages. Illustrated. $2 75. E. B. Treat, publisher, 5 Cooper Union, New York.

The eighth yearly issue of this work is at hand. The new in medicine is always appreciated by the progressive physician; and a book devoted to new remedies, and to the most recent advances in diagnosis and treatment, especially one sustained by the authorship of such men as appear upon the list of contributors to the *Medical Annual*, needs no recommendation from us.

The articles on Thermo and Electro-Therapeutics, with numerous illustrations of methods and appliances, will be of much interest. An extensive article on Sanitation has added much to the scope of the work, and will be highly appreciated by all. A generous increase in size and material has added much to the appearance and value of the work.

W. E. M.

"ESSENTIALS OF DISEASES OF THE SKIN," by HENRY W. STELWAGON, M. D. Cloth, price $1 00. Philadelphia: W. B. Sanders, 1890.

"ESSENTIALS OF GYNÆCOLOGY," by EDWIN

B. CRAGIN, M. D. Cloth, price $1 00. Philadelphia: W. B. Sanders, 1890.

"ESSENTIALS OF EXAMINATION OF URINE," by LAWRENCE WOLFF, M. D. Cloth, price 75 cents. Philadelphia: W. B. Sanders, 913 Walnut street.

These three books, well written, amply illustrated and neatly issued, contain a large amount of valuable information. Prepared in the form of question compends, they are most carefully condensed, and rendered most valuable and most convenient for both student and practitioner.

Gynecological Notes.

Lateral versions of the uterus are always produced by adhesions, from previous peritoneal inflammation, binding down the uterus and drawing it to one side. They are associated with tubal disease in almost all cases.

Never use a vaginal or cervical tampon to arrest uterine hemorrhage. It violates one of the most important laws of surgery—drainage. Hemorrhage can almost always be controlled by the use of hot water or the curette, but if the tampon be used, it should be removed in three or four hours.

Intra-uterine applications and the use of tents should be relegated to the background. As a result of their use, many women have been made invalids for life; even the passage of a sound has often carried infection before it to spread into the tubes, causing salpingitis and frequently pelvic peritonitis. The uterine cavity should therefore be invaded only after considering it a grave procedure and after having taken extreme antiseptic precautions. This means that the sound and applicators will not occupy such a prominent place in the future as in the past. Even the speculum, must go, that instrument which is the first purchased by every man on leaving college. Lately when in the office of a general practitioner we counted no less than thirteen different shapes and sizes of this instrument.

It is not fashionable to speak of pelvic cellulitis. It is now known that this is one of the rarest diseases and that what is usually spoken of is in reality salpingitis.

COMMODORE VANDERBILT left his physician $20,000; and his example ought to be followed much more frequently than it is."—*Times and Register.*—Amen.

WICHITA ✻ MEDICAL COLLEGE,

WICHITA, : : : KANSAS.

SESSION OF 1890-91.

The Wichita Medical College will begin its next course of lectures

ON WEDNESDAY, OCTOBER 1, 1890,

And will continue six months. For information concerning course of study, laboratory work, lectures, quizzes, dissection, clinics, requirements for graduation, expenses, &c., send for annual announcement.

J. S. FOOTE, M. D., President, 601 E. Douglas, Ave., { Wichita, Kas. } C. G. McCULOUGH, M. D., Sec'y, Bitting Block,

CARDS, WANT and EXCHANGE NOTICES,

Inserted in these spaces at 75 cents each insertion.

A Daggett Table,

(See page ix,)

For sale cheap, at the Journal office, 723 Kansas avenue.

We will get your

Instruments, Books AND Supplies,

For you at the lowest possible rates, without extra expense. Address the Business Manager, 723 Kansas ave.

An energetic Pharmacist, with not less than $500 in cash, can learn of a first-class opportunity to go into business by addressing the Business Manager of this journal.

Beaman's Pure Pepsin,

At 50 Cents an Ounce,

At this Office.

If you have anything to exchange—Books, Instruments, or location, write to the Business Manager of the Journal.

THE KELLAM
Book & Stationery Co.,

—:o:—

Importers, Jobbers, Retailers,

—Western Agents for the—

Medical and Scientific Publications of

Henry Carry Baird & Co.

Blakiston Son & Co.

D Van Nostrand and others.

—**—

We will save you money on any order placed with us for Medical Works.

"It is just what we all have been wanting.—Dr. A. H Ray, Racine, Wis.

Physicians' Anatomical Aid.

A Manikin of Superimposed Diagramatic Plates, designed to assist in Surgery, Diagnosis and general practice.

Constructed under the supervision of

J. SUYDAM KNOX. A. M., M. D., Rush Med. Col. Chicago.
D. W. GRAHAM, A. M., M. D., Woman's Med Col. Chicago.
J. E. OWENS, M. D. Chicago Medical College.

By Means of this complete Anatomical Cabinet, actual dissections, revealing clearly and perfectly the different parts of the body, can be made at pleasure, without the inconvenience and unpleasant features attaching to the dissection of a real subject. It is impossible to describe the highly realistic effects produced by these manikins.

When not in use, the "Aid" is a neat portfolio, 15x22 inches in size. When open for use, it forms a perfect easel, bringing it before the examiner in the best position for the most convenient reference and study.

A special feature of this work is its manikins illustrating the structure and relation of the parts and organs of the male and female reproductive systems. These afford the physician the means, not only for personal research and study, but for such instructive use in practice as the peculiarly confidential relation between physician and patient demands and warrants. The combination of the various sections of these private parts is so adapted that the location and nature of any disorder, peculiar to these organs, can be clearly shown without the least breach of modesty.

AGENTS WANTED.

Western Publishing House.

315-321 Wabash avenue, Chicago.
10 East Sixteenth street, New York.

O. H. BAKER,
JEWELER,

Offers the finest line of

Watches, Jewelry, Silver Ware,

TABLE CUTLERY,

At popular prices. A large and complete stock o

GOLD SPECTACLES, EYE GLASSES,

And Optical Goods,

No. 803 Kansas Ave. Topeka, Kansas

THE YOST
Writing Machine

The Combined Letter Copy Press
AND
Book Manufacturing Company.

O. N. McCLINTOCK, Manager, 805 Kansas avenue, Topeka, Kans.
General Agents for Typewriter Supplies and

THE "VICTOR,"

Prints 80 Letters and Characters, PRICE $15.
Special Agents Wanted in Each City. Also the

"YOST" TYPEWRITER

Which is the latest and greatest production of the well known G. W. N. Yost, inventor of the Remington and Calograph Typewriters.

Second-Hand Machines Bought, Sold, and Rented.
Call and See the Only Perfect.

Kansas Medical Journal,

PURLISHED MONTHLY.

Terms, per year, $2 00.

Address

W. E. McVEY, Business Manager,

723 Kansas avenue, Topeka.

JAS. M. LOVE & CO.,

Druggists & Manf'g Pharmacists,

Surgical Instruments, Trusses, Crutches, Elastic Hosiery Electrical Batteries & Physicians' Supplies.

546 MAIN STREET, Kansas City, Mo.

Orders by mail filled at as low prices as if brought in person. Write for large Illustrated Catalogue.

THE DAGGETT EXAMINING TABLE.

The Tops have the same changes in all grades of Tables.

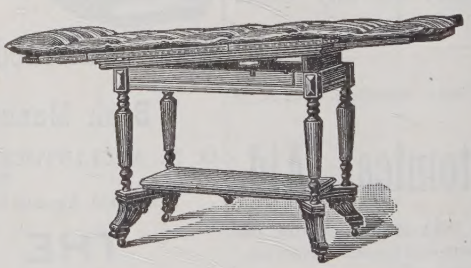

Figure No, 3.

Illustrates the STANDARD tilted lengthwise, by using the slide at the foot as a lever, when the automatic supporting rail takes its place. This position is useful for syncope after anesthesia and reduction of hernia.

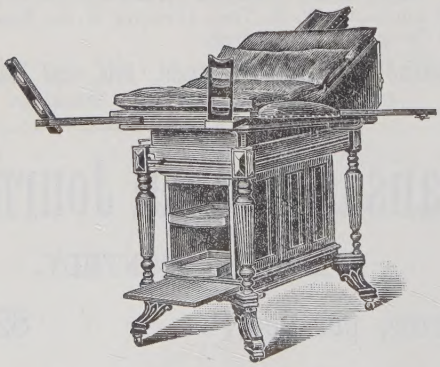

Figure No. 21.

Illustrates the STANDARD with a case of drawers and revolving cabinet of antiseptic portable trays. Stirrups raised or flat. Shelf, head rest and towel rack. Bronzed or white metal trimmings.

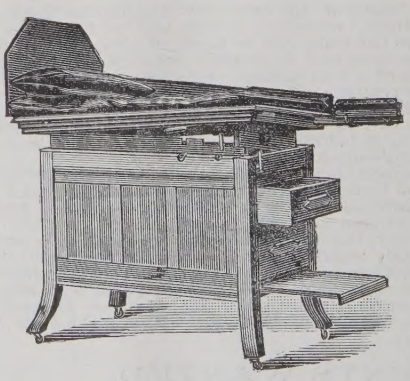

Figure No. 50.

Illustrates the NEW STAR as the analogue of Figure No. 10 Standard grade. Showing the step, head-board knee guide, ankle rest, drawers and double inclination. Figure No. 10.

Send for Catalogue,